V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	77
County Baltinge	Registration Dist, No.
Village or City middle River	No. St., Sport
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,mo	isds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME Mac 1. al	nsch
(a) Residence: No. 3 61 mathia (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Female Mile M OR DivorceD (write the word)	21. DATE OF DEATH M (Month) (Year) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WHFE of Arthur Abrisch	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Lee 3 - 1894	I lest saw h alive on 19 : death is sai
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
41 8 20 1 day,hrs	The College of DEATH and lengted causes of importante
8 Trade profession or particular	Date of once
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	2 Voities
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Hemorage of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Varities
O this occupation (month end spant in this occupation	Carmary Cause & Cancer of the worth on stores
12. BIRTHPLACE (city or town) Baltiyee (State or country)	Other Contributory Causes of Importance: Dweation: five yearss Eugla
	T
E BOL'	None of country
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an aulopsy? ??.
15. MAIDEN NAME & J. O-tlike	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide? Date of injury 19
O 16. BIRTHPLACE (city or town)	Where did injury occur?
17. INFORMANT. Mrs. D. R. Coleman (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place Juriland Munity Date 8/25 1934	Nature of injury
19. UNDERTAKER Connelly (Address) English made	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 8/2 4 1, 1936 John 5. Connelly Register.	(Signed) Joseph F. Domerny M.
	r, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronie interstitial nephritis	1921	Run over by street_ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU X. T.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

11	STATE OF MARVIAND	CERTIFICATE OF DEATH 8028
infor- state UPA-	1. PLACE OF DEATH	
X a A Tom	County Ballo.	209-m Pagistration Diet No.
should of OCC	Village or City Dandalls	Registration Dist. No.
N NA O	(If	NDSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Every CIANS ement	Length of rasidenca in city or town whera death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
A. Every YSICIANS statement	2. FULL NAME Cellen Cedanis	A st n. s
YSI stat	(a) Residence: No. 2 3 N · O · · · · · · · · · · · · · · · · ·	St., Ward. Salemore, Ma. If nonresident give city or town and State
Comb. Every PHYSICIANS tet statement	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RECC. PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
T X I	male Colored Widowed	(Month) (Day) (Year)
NEN'CT L	5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
C A A	(or) WIFE of Essee adams	19to
	6. DATE OF BIRTH (month, day, and year) June 1 1900	I fast saw h aliva on, 19; death Is said
	7. AGE Years Months Days If LESS than	to have occurred on the date stated abovo, atm.
FOR IS A F stated properlifts	36 2 19 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- 00	R Trada, profession, or particular kind of work dona, as SPINNER. J. Plate Works & AWYER, BDDKKEEPER, etc. J. Plate Works	Streets can accident , Cuf R.
	9. Industry or business in which	Fractured 6kull
ERVI KK_T should it may n back	work was dona, as SILK MILL, Spanner Pour	All accidentally Rilled by a street con
INI INI E st t it		st 10.30 Pamy august 20ther 1936
RGIN RESTANTION IN THE STANTING IN THE STANTING IN THE SET WAS THE STANTING OF	year) occupation occupation	Other Contributory Canses of importance:
GIN 'ADIN ed so tructi	12. BIRTHPLACE (city or town) Communication (Stata or country)	
ITH ENFA- Illy supplied plain terms,		Deceased was Sugar in the middle of
upp ter ter in		Nama of operation Data of
	14. BIRTHPLACE (city or town)	What tast confirmed diagnosis? Was there an aulopsy?
ry, WITI carefully lH in pla ortant.	15. MAIDEN NAME Alex	23. If death was due to axtarnal causes (VIDLENCE) fill in also tha following:
INLY, WI be careful EATH in p important.	[16. BIRTHPLACE (city or town)	Accident, suicide, or homicida?_ Occident. Date of injury Que _20_, 1934=_
INCY, be cal EATH import	(State or country)	Where did injury occur? Describe Saltimore Occurty md (Specify city or town, county and State)
LAI 1d 1d 1 DE	17. INFORMANT alice Jooking	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
PLA should OF D	(Address) 2 3 1 - LOCALIAN EX	Manner of injury Street-car accident
1 1 1 1 1	Place De Date Aug 23,1931	Nature of injury
WRITE mation s CAUSE TION is	10 HADERTAKER SAMERA- O AND MASS	24. Was disease or injury in any way related to occupation of deceased?
0	19. UNDERTAKER (Address) 4 7 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 10 4 2 1	If so, specify
N M	20, FILED Y ZZ/S & MM/s	(Signed) A, M. Delley Gross
> Z	10 VIII Cellous	(Address) Wurdelle, md
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Ex	ample I	li	Example II	
The principal cause of deat of importance were as follow	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921-	Run over by street car	1 week ago
Cerebral hemorrhage	RECEIV	Luly5:1927	Peritonitis	3 days ago
	AUG 25 10	86 -		
Other contributory causes of	importance:		Other contributory causes of importance:	ut=CD()
Gallstones	BUREAU V	Mag 1,1923	Gastroenteritis	1 year
				The state of the s

8029

1. PLACE OF DEATH	(920)
County Daltimore	Registration Dist. No. 3
Village or City arcadia - Upperso P.O	NoSt.,Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death oocurredyrsn	nosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Robert dynn algire. (a) Residence; No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (variet tills word)	21. DATE OF DEATH august (Month) (Dy) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Jula Quellison	22. I HEREBY CERTIFY, That I attended deceased from
0 = 1041	Dot 32 , 1985 , to ling 19 , 1986
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than	last saw h and alive on angle, 1936; death is sald
1 - Jay h	to have occurred on the date stated above, at #0 - # - m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
65 7 14 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc	Cardio- nephretic Dropsy Od 3-33
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (morth and the state of the stat	all valves leaky had acute
work was done, as SILK MILL, SAW MILL, BANK, etc.	marked Infector frey later
10. Date deceased last worked at 11. Total time (years)	weakness of tourt with acute
this occupation (month and 1933 spant in this occupation	ana sarea toedama and finally
and I	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	General arterio selevosis
1 20	- Seneral debility.
13. NAME Homes Henry algre 14. BIRTHPLACE (city or town) Prangland.	
	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Cotherno Hanck	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary Catherine Hank 16. BIRTHPLACE (city or town) - Mary Land.	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur?
17. INFORMANT Virgil algire (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place St Jauls Cem Date any 22193	Nature of injury
61.09.1	
19, UNDERTAKER COLINIA	24. Was disease or injury in any way related to occupation of deceased?
(Address) Hamfisteall Incl.	If so, specify
20 FILFO ary 21 1931. ARened men	(Signed) Course 6. South M.D.

Exact statement

certificate.

IS A PERMANENT REC stated EXACTLY. properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of

mation should be carefully supplied.

FOR BINDING

RGIN RESERVED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Registrar.

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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) _4__ds. How long in U.S. if of foreign birth?______vrs.____mos.____ds. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH (Month) (Day) 5a. If married, widowed, or divorced HUSBAND of BY CERTIFY. That I attended deceased from 22 (or) WIFE of to Aug 2 851 6. DATE OF BIRTH (month, day, and year) 7. AGE Days if LESS than Veare Months to have occurred on the date stated above, at A. 1 day.____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 10 or min. ware as follows: Date of enset 8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.___ 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (years) this occupation (month and occupation ___ 6 4 Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER Name of operation _____ 14. BIRTHPLACE (city or town) (Stata or country) f5. MAIDEN NAME 23. If daath was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?_ f6, BIRTHPLACE (city or town). (State or country) Where did injury occur?__ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, DR REMOVAL Nature of injury 24. Was disease or injury in any way ralated to occupation of deceased? **f9. UNDERTAKER** (Address) If so, specify

> Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	6. 11	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Jul	y 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:			Other contributory causes of importance:	
Gallstones	Ma	y 1,1923	Gastroenteritis	1 year

for-	state	PA-	
WRITE PLAINLY, WITH CNFADING INK-THIS IS A PERMANENT RECC. D. Every item of infor-	ld s	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
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OCCUPATION

FATHER

OTHER

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Ballymore Registration Dist. No. Grove State Hosp: St. Village or City Caronsul (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ? ds. How long In U.S. if of foreign birth? 52 vrs. ? mos. ? Length of residence in city or town where death occurred _____yrs____ 2. FULL NAME Ella If U. S. Veteran, specify WAR (a) Residence: Np. 8 70 (Usual place of abode) If nonresident give city or town and State Ballimore, Ind PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow (Month) (Year) 5a. Il married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. That I ettended deceased from (or) WIFE of 1932, to August 12 1936 6. DATE OF BIRTH (month, dev. and year) to have occurred on the date steted above, at 8:45 P.m. If LESS than 7. AGE Years Months Deys 1 day, ____ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance 2 or____min. Date of onset 8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.____ 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (veers) this occupation (month and spent in this year) --- Ghalan occupation Other Costributory Causes of Importance: 12. BIRTHPLACE (city or town (State or country) 13. NAME Neme of operation..... 14. BIRTHPLACE (city or town) ___ (State or country) What test confirmed diagnosis? Classification Was there en autopsy? 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in elso the following:

Umker 16. BIRTHPLACE (city or town) (State or country)

Dete___

(Address) 800 18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

20. FILED.

24. Was disease or injury In eny way related to occupation of deceased?

Registrar.

If so, specify

Where did injury occur?___

Nature of injury_____

Accident, suicide, or homicide?_____, 19

Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.

address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Specify city or town, county and State)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not merchants.

Statement of cause of death.—Carse of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example &		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis (S)	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8032
1. PLACE OF DEATH	
County Caltingore	Registration Dist. No. 0
Village or City Raspelwig	No/Youndton We St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where beeth occurred 22_yrsmos.	
2. FULL NAME Matherine C. Barten	Coldes S. Veteran specify WAR
(a) Residence: No Lamilton are (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Magfth) (Day) (Year)
HUSBAND OF Cugust on - Bartenfolds	22. I HEREBY CERTIFY. That I attended deceased from 22. 1936, to July 25 1936
6. DATE OF BIRTH (Month, day, and year ATV: 1857	I last saw h la alive on any 25 1 19 3 Ledeath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
78 9 24 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, and Islame. SAWYER, BDOKKEEPER, etc.	arlens Selentin Carda
9. Industry or business in which	warmen and the same
work wes done, as SILK MILL, SAW MILL, BANK, etc	Pormary Thrombosis
11. Total time (years) this occupetion (month and year)	
Baltinese.	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) W WWW (State or country) Mary Lond	
II 13. NAME antone Nebst	
14. BIRTHPLACE (city or town). Unknown	Name of operation Date of
(State or country) Lermany	What test confirmed diagnosis? Christics Was there an aulopsy?
15. MAIDEN NAME Joinga Legati	23. If death was due to externel causes (VIDLENCE) fill In also the following:
15. MAIDEN NAME OFFICE CITY OF TOWN)	Accident, suicide, or homicide? Date of Injury, 19
S (State or country) Debmany	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MARINE STORM To genfolder	Specify whether injury occurred in INDÚSTRY, in HDME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
san Lutheran and Uleg. 27, 1906	Nature of injury
19. UNDERTAKET Inderick Casadin Jons	24. Was disease or injury in any way related to occupation of deceased?
(Address) 74.01 Rolling Mad	If so, specify Magazine a
20. FILED lug 27, 1936 UM Breow:	(Signed) (Signed) (Signed) (Signed)
Registrar.	(Address) / ADRAGA LEMAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SEP 5 1936	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		(

RGIN RESERVED FOR BINDING

V. S. No. 1

	-CERTIFICATE OF DEATH 8033
1. PLACE OF DEATH	(P)
County Baldemore,	Registration Dist. No. 40
Village or City Notels Cliff	No. St., Wa
Length of residence in city or town where deeth occurredyrsmo	If death occurred in a horpital or institution, give its NAME instead of street and number) isds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Sister Mary Maxelenda (3) (a) Residence: No. Villa maria notch C (Usual place of abode)	Paumgartner
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word) Sundle	21. DATE OF DEATH Aug 2, 193 6 (Morth) (Oav) (Veer)
5e. If merried, widowed, or divorced HUSBANO of	(1001)
(or) WIFE of	22. I HEREBY CERTIFY. Thet I ettended deceased from 1934, to Autog 2, 1936
6. DATE OF BIRTH (month, day, end yeer) Dec. 8 - 1850	I last sew h elive on _ fuly 28, 1936; death is sa
7. AGE Yeers Months Deys If LESS then 1 dey,hrs. ormin.	ware as follows:
8 Teade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Permiciono Anemia 22
sind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc Journal of the state of	
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Oata decesed last worked et this occupetion (month end spent in this occupetion cocupetion cocu	
12. BIRTHPLACE (city or town) Baden Germany (State or country)	Other Coutributory Causes of importence:
13. NAME Jarob Baumgartner	
14. BIRTHPLACE (city or town) Generally (Stete or country)	Neme of operation Oate of
	Whet test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME Mary Werfele 16. BIRTHPLACE (city or town) (State or country)	23. If deeth wes due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT S. Mary Clara Mobels Chilf M. (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece Notch Cliff (privote) Aug. 4th 36	Menner of injury
19. UNDERTAKER Geo. M. Fink & Son. (Addiess) # 811 N. Wolfe St.	24. Wes disease or injury in any wey releted to occupetion of deceased?
20. FILED \$ 13/3 (, 19) talta mytmmi	(Signed) All Ascelland M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURFAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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>	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every, item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
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N. B.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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0	U	J	1	

1. PLACE OF DEATH	02-03
County Baltemou.	Registration Dist. No. 3.3
Village or City Slyndow.	NoSt,Ward
	if death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Thomas L. Boblits	E If U.S. Veteran specify WAR
100 1	St. Ward.
(a) Residence: No. Styndon Ma (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write) the word) Male word Massier	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced (mc Caulty)	
(or) WIFE of mary B. Boblile.	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, end year) Carril 14 1879.	I last saw h alive on and 3/4/ 1956; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12-9. m.
57. 4 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
R Trade, profession, or particular kind of work done, as SPINNER auto Mulanue	
AWYER, BDDKKEEPER, etc.	acuts perfections ayso
kind of work done, as SPINNER auto Melanue AWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILLs flagman Coal 60. 1D. Date deceased last worked at this occuration (month and	meening of gastionentereties ocution
year) focupation	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Dif of Hant : Primary Course :
(State or country) 2 13. NAME South. Boblite	- Shronia myocardition Duration: not
II IS. NAIME TO DEFICE.	statide
14. BIRTHPLACE (city of town)	Name of operation Date of
15. MAIDEN NAME Martha & Prose.	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(Stete or country)	Where did Injury occur?
17. INFORMANT May B. Boblyle. (Address) Selendon mel.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVA Ristertown 1	Manner of injury
a Place City Olili, Date 1979 0, 1936	?Nature of injury
19. UNDERTAKER ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Sept. 1, 1936 J. Rowe Price Registrar.	(Signed) f. F. Jank Willey July M. D.
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

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MINEAU V. S.	2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

193.6

	ite	S	of	
	-WRITE PLAINLY, WITH CNFADING INK-THIS IS A PERMANENT RECED. Every ite	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS SI	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of	
NARGIN RESERVED FOR BINDING	ERMANENT	EXACTLY	classified.	e.
FOR E	S IS A PI	stated	properly	certificat
ERVED	VK-THIS	should be	it may be	n back of
IN RES	ADING IN	d. AGE	, so that	uctions of
W* RG	TH CNF/	y supplie	lain terms	See instr
•	MCY, WIT	e carefull	ATH in p	TION is very important. See instructions on back of certificate.
	THE PLAI	a should k	E OF DE	is very in
1	WRI	matior	CAUS	TION

nould state OCCUPA-

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

V. S. No. 1

5a. If married, w HUSBAND (or) WIFE

6. DATE OF BIR

17. INFORMANT

18. BURIAL

m of infor

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8035
1. PLACE OF DEATH NAME AND	
County Caltimore	Registration Dist, No.
Village or City Luthers ille	No. Hork road St., Ward
Length of residence in city or town where death occurred 48 yrs	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?vrs
O O O O	If U.S. Veteran specify WAR.
2. FULL NAME China C. Bowel	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
R. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Mopth) (Day) (Year)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I ettended deceased from
5. DATE OF BIRTH (month, day, and year) UMPAN Days If LESS than	l lest saw if 22 elive on aug 27 ,1936; death is said to heve occurred on the date stated above, et 830 0 m.
Varkannon I dey,hrs.	
8. Trede, profession, or particular kind of work done, as SPINNER, at Home	Brook to Chrone 540
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	anterior derosis Cerebral 18mos
10. Date deceased last worked at this occupation (month end spant in this occupation coupation coupation	Nyhitis Chronis General Hills-
12. BIRTHPLACE (city or town) Balty (State or country)	Other Contributory Causes of Importance:
13. NAME James (B. Bowil	
(State or country) mary and	Name of operation
15. MAIDEN NAME Elizabeth Sinclair	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) / why now (State or country)	Accident, sulcide, or homicide?
0 . 6 .0	(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. CREMATION, OR REMOVAL Manner of injury 24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SEP 3 1930	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	DI WANTLAND	CERTIFICATE OF DEATH	5036
B. 1+	more	Registration Dist. No.)
Village or City Catanas	rille Spring	No Isane Sognital St.	Ward
Length of residence In city or town where		death occurred in a horpital or institution, give its NAME instead of street and nu ds. How long in U.S. if of foreign birth? 40-yrs. ?mos.	
2. FULL NAME annie	Bressler	If U. S. Veteran, specify WAR	
(a) Residence: No. 2303	Brook field as	e St., Ward. Salymae In If nonresident give city or town and S	arylan tate
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	Δ.
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193 <i>6</i> (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	resler	22. I HEREBY CERTIFY, That I attended de Huyart 26, 1926, to August 2	ceased from
6. DATE OF BIRTH (month, day, and year)	Contanoun 1876	I last saw her alive on August 28, 1926;	death is seid
7. AGE Years Months	Oays If LESS than	to have occurred on the date stated above, at 10.2 m.	
60! Maknon	Makerna 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Poldlen	90:107	Reform
9. Industry or business In which work was done, as SILK MILL,	1 12 01.	Veneraly a minority	1936
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years)		
this occupation (month and year)	spent in this		
12. BIRTHPLACE (city or town)	ssin-	Other Contributory Causes of importance:	
(State or country)	7 8		
13. NAME Muchael	Vannach		
14. BIRTHPLACE (city or town)	siis	Name of operation	
(otate of country)	1/:/	What test confirmed diagnosis? Was there an au	opsy? I.Q.
15. MAIDEN NAME Bulla	Nunlla	23. If death was due to external causes (VIQLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	unu	Accident, suicide, or homicide? Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT Rosal My (Address) 2 32 3	locks ield P	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BUBIAL, CREMATION, OR REMOVAL	1	Manner of injury	
Her Place Truckship Con	depate 1444 30, 1936	Nature of injury	
19. UNOERTAKER SUT TUCK (Address)	ryon BW	24. Was disease or injury in any way related to occupation of deceased?	10
20, FILED 2 9, 1951	111-1-1-	(Signed) Jun June	M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	F-58-15
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8037
1. PLACE OF DEATH	GEN 1
County Baltimore	Registration Dist. No. 30
Village or City Catamalle.	No. Mard death occurred in a horpital or institution, give its NAME instead of street and number)
1.	death occurred in a hospital or institution, give its IVAIVIE, instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mound Dryan	If U. S. Veteran, specify WAR
(a) Residence: No. Salvana 505 6. 279 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Wale White OR DIVORCED (write the word)	angust 22 193 6
5e. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of single	22. I HEREBY CERTIFY, That I ettended deceased from
0 11-10-011	, 19, to, 19,
6. DATE OF BIRTH (month, day, and year)	i last saw h
7. AGE Years Months Days If LESS then 1 day,hrs.	to heve occurred on the date steled above, et 5126 P.:m.
How or or min.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
No. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Mescess of left lyna low love with
	Chronic Myseardatis unh
9. Industry or business in which work was done, as SILK MILL.	~
work was done, as SILK MILL, SAW MILL, BANK, etc	Ucute Dilatation of heart 11 he
O date deceased lest worked at this occupation (month and year) year) 11. Total time (yeers) spent in this occupation occupation	/2
Baltimore	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Sauthur (State or country)	OK HIS A HATSHAN 40
	01.90000000
13. NAME Charles Bryan 14. BIRTHPLACE (city or town) Baltimore	Coroner
14. BIRTHPLACE (city or town) () Baltimore	Name of operation Dete of Dete of
(State of country)	What test confirmed diagnosis? Clan 1 and Was there an eutopsy?
15. MAIDEN NAME Emma OKluts 16. BIRTHPLACE (city or town) Baltimore (State of country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
[16, BIRTHPLACE (city or town) Baltimore	Accident, suicide, or homicide? Dete of injury, 19
(Stete or country) Maryland	Where did injury occur?
17. INFORMANT Seconds of S. G. S. M. (Address) Catanilla May	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR MEMOVAL	Manner of injury
Piece Dall Centre Dete 135,1934	Nature of injury
Vactor 13. 12.	24. Wes disease or injury in any wey related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
	(Signed) Translall B west M.D.
20. FILED ang 24, 19 marshall B hrest	(Address) Catomuelle Ind

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage SEP 2 1996	July 5, 1927	Peritonitis	3 days ago	
LUPEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

5	MARGIN	MARGIN RESERVED FOR BINDIN	ED	FOR B	NDIN
WRITE PLAINAY, WITH CNFADING INK-THIS IS A PERMANI	CNFADI	NG INK-T	HIS	IS A PE	RMANI
ation should be carefully supplied. AGE should be stated EXAC1	supplied.	AGE should	be	stated E	XACT
AUSE OF DEATH in plain terms, so that it may be properly classifie	n terms, so	that it may	pe	properly	classifie
ION is worn important Con instructions on hash of contification	on inchance	Joseph no page	J.	ortifonto	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8038
1. PLACE OF DEATH	ERRO MY CB
County Balls	Registration Dist. No. 30
Village or City Calounelle	No. of Home St., Ward
	death occurred in a halpital or inditution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs
2. FULL NAME Ed & Burkley (a) Residence: No. Clarenden (Usual place of abods)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the worth)	21. DATE OF DEATH OLLY 8- 193 6
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of Kalten Beeckley	22. I HEREBY CERTIFY. That I attended deceased from 1936, to day 8, 1936
6. DATE OF BIRTH (month, day, and year) 2-/1880	I last saw har falive on Que 3 0,1936; death is said
7. AGE Years Months Days If LESS than 1 day,	to heve occurred on the date stated above at
3 / Ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were es follows: Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month end	Cuelral Hemonhoge 1934
9.4ndustry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	J
SAW MILL, BANN, etc	
this occupation (month end year) spent if this occupation 40 cm	
12. BIRTHPLACE (city or town)	Dither Contributory Causes of importance;
(State or country)	activo Schoosis Wy
13. NAME Joseff Burkley	
14. BIRTHPLACE (city or t (wn)) Ballet	Neme of operation
C (State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME Comma Godey	23. If death was due to external causes (VIDL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT College Survive (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Charmalon Mate au 8, 1936	Nature of injury
19. UNDERTAKER Elleault Cl	24. Wes disease or injury in eny way related to occupetion of deceased?
20. FILED any 8, 1936 Manhalle B west	(Signed) The author 18 list M. D. (Address) Colonselle and
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store soan factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related of importance were as follows:		The principal cause of death and related cause amportance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week aga
Cerebral hemorrhage	July 5, 1927	Peritonitis	9 days ago WD
			n NELL V
		1163	10.1036
Other contributory causes of importance		Other contributory causes of importance	AUG 18 1838
Gallstones :	May 1,1923	Gastroenteritis	AUG 18 ISO
			S TUB

7

PLACE OF DEATH County Bultimore	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist, No. 38
Village or City Freelea (No	Mard) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEO. OR DIVORCED (Write the word)	16 DATE OF DEATH august 11ch 1986
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192, 192, that I last saw h alive on 192, 192,
TAGE Stellborn yrs. mos. ds. If LESS than day	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Prevalue refacilien (Durstion) Tros de.
9 BIRTHPLACE (State or country) Overlen Manyland	Contributory Hemilian Jacobs Condary (Duration) yrs. mos. ds.
10 NAME OF Engere Bellinger 11 BIRTHPLACE OF FATHER (State or country) 12 (State or country)	(Signed) Jew M. D. Aug / 1926 (Address) / W Orecley Company of Lawy in deaths from Williams of Lawy and (2) Whether
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 COUNTRY 15 MAIDEN NAME OF MOTHER (State or Country)	Violent Causes, state (1) Means Accidental, Suicidal or Homicidal. 10 LINGTH OF RESIDENCE (For ients or Recent Residents) At place of deathyrs
(Informant) Har Bullings (Address) H & Maple Mr	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL AND A CONTROL OF BURIAL DATE OF BURIAL
15 Filed 8/12/3 6 192 G. M. Bacon Registras	20 UNDERTAKER) ADDRESS 1214 Haus
If more banks are needed, addre.s tate Kegistrar,	18 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more present above, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Collon mill; (a) Sulcsman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (c) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first, line will be sufficient, e. g.. Farmer or Planter, tion applies to e.ch and every person, irrespective ci fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, en at home, who are engaged in the duties of the Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. whatever, write None. or given up on account of the DISEASE CAUSING DEATH, For many occupations a single word or term on Locomolive engineer, not gainfully em-

Statement of Cause of Death—Name, first, the his EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebross in all meningitis"); Dinhlheria (avoid use of "Croup"); s. in all meningitis"); Dinhlheria (avoid use of "Croup"); Juphoid fever (never report "Typhoid Pneumonia,"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) (secondar or intercurrent) affection need not be st.ted unless important. Example: Measles (disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E haustion," "Heart failure," "Ilaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," eausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, menapproved by tetanus) may be stated under the head of "contributory." as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid fifteeommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS STATE MEANS OF INJU.Y cough; Committee on Chronic valvular heart disease; and consequences (e.g., sepsis, etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all qu stions and red in detail, it will prevent further correspondence. All the duta is essential and must be obtained before the certificate is permanently filed.

1936

-WRITE PLACY, WITH NFADING INK-THIS IS A PERMANENT RECEDENCE item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 8039
1. PLACE OF DEATH	Pagistration Diet No. 35
County Ballmore	Registration Dist. No.
Village or City	No. St., Ward
	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Charles Chief	on boats
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married widowed, or divorced HUSBAND of (or) WIFE of Clora B Crafa	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 5 / 8 / 8 / 8 / 8 / 8	I last saw however on Orang 8 , 19.3 G death is said
7. AGE Years Months Days If LESS than 1 day,hi ormin.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Addustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) spent in this occupation.	Chronic Interstilal repliente
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance: Ohronice My occardules
13. NAME Conta 14. BIRTHPLACE (city or town) (State or country)	Name of operation. What test confirmed diagnosis?
15. MAIOEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Job the Corts (Address) Stewn Later Pa	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Description Date Description 1939	Manner of injury
19. UNDERTAKER Howard School (Address) Tanan price On	24. Was disease or injury in any way related to occupation of deceased? 200
20 FILED Long 10: 1936 Collection of Frell Registrar.	(Address) Sessett Tone (a

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilensu 1 week ago Chronic interstitial nephritis 311- 3138 1921 Run over bi street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	\mathbf{SIUI}_{P}	AL
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V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-0
County 19 allinne	Registration Dist. No. 3 3
Village or City Peix ters from mo.	**
(IF	death occurred in a horpital or institution, give its NAME instead of street and number)
Langth of rasidence in city or town where death occurred	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Cross Jakoyelle	w. If U. S. Veteran, specify WAR
(a) Residence: No. Maine Stof. 38 (Usdal place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male while manuel (mile the yord)	(Month) (Max) (Year)
5a. If married, widowad, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WHE of amelia & ane Berryman	1 HEREBY CERTIFY That I attanded deceased from
(n - a A 1 d 1 - a)	19 to 19 7 , 19 t
6. DATE OF BIRTH (month, day, and year) / WV . X T, 185 Z.	I last saw n death is said
7. AGE Years Months Days /If LESS than 1 day,hrs.	to have occurred on the date stated above atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
0 0rmin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work wes dona, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Deretal as mocken
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	miller
10. Date daceasad last worked at 11. Totel time (yeers)	Togo Carowe 3 Chronie,
this occupation (month and 1821 spant in this 2840	(Duration: One year. alogo
Reightenham	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) 1 Cers and 1 Cers (State or country) 12.	
# 13. NAME William & reen brow Cook	A years war
E P H	
(Stata or country)	Neme of operation
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME & arah Martin	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME & arah Martin 16. BIRTHPLACE (city or town) Manchester (State or country)	Accident, sulcide, or homicide? Date of Injury, 19
(State of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT dore man with	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) (Leva ters from . 438 man St.	
Place astrony Cong. Date angustid 36	Menner of injury
24	Nature of injury
19. UNDERTAKER Um. Berry may & Sins,	24. Was disaase or injucy in any way related to occupation of deceased?
(Address) Reverters toping mgd.	If so, spacify
20, FILED ary 5, 1936 Frut	(Signed) M. D
Registrar.	(Address) College of the
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore) Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	177	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH	1
1. PLACE OF DEATH	198	
County Baltimore	Registration Dist. No. 93	
Village or City Freeland, Md. R. D		/ard
, in	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmos,	de
2. FULL NAME Barbara Climbeth Co	oher It U.S. Veteran specify WAR.	_43.
(a) Residence: No. hell with ml.	St. Ward.	
(d) Residence, No. (Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Jemale 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If marriad, widowad, or divorced	21. DATE OF DEATH (Month) (Day) (Year))
HUSBAND of Frank J. Cooper.	22. I HEREBY CERTIFY. That I attanded deceased to duquet 12 1936, to duquet 17, 19 3	from 36
6. DATE OF BIRTH (month, day, and year) October 26, 1866	Hast saw h. S.V. aliva on August 19, 1936; death is	sald
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at A	
67 9 24 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of or	nset
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	arteriasclerosis 191	16
9. Industry or business in which work was dona, as SILK MILL,		
SAW MILL, BANK, etc	Cerebral Nemonrhage 8.12	.36
o this occupation (month and spent In this occupation		
12. BIRTHPLACE (city or towp)	Other Contributory Causes of Importance:	
(State or country) Balto. Co.	Lobar Ineumonia V.16.	.36
13. NAME William J. Baper		
13. NAME William J. Bafeer 14. BIRTHPLACE (city or town)	Name of operation None Date of None	2
(State of country) Laure, Co.	What test confirmed diagnosis? Was there an autopsy?	no
15. MAIDEN NAME Margaret Masemore 16. BIRTHPLACE (city or town)	23. If daath was due to external causes (VIOLENCE) fill in also the following:	
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19	*
(State or country) fork to, fg.	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Transfer Confer (Address) Freeland The de R. D.	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place full delisting and on 1936	Nature of Injury	
19. UNDERTAKER PAUL A STARLEWSLOSS	24. Was disaase or injury In any way ralated to occupation of deceased?	
20. FILED Chang 21, 19 3 la Samuel & Millet	(Signed) Alles Schalans (Addrass) I Lemsille for	M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
PUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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-WRITE

V. S. No. 1

1. PLACE OF DEATH .		9350	Vice
County Baltmior	2 //	Registration Dist.	No.
Village or City Vialnus	Kine	NoNo	St., Ward
		death occurred in a horpital or institution, give its NAME inste	ead of street and number)
Length of residence in city or town where deat	occurrad yrs. mos	How long in U.S. if of foreign birth?	
2. FULL NAME TONY	ariager	If U.S. Veteran specify WAR	**************************************
(a) Residence: No. Malm	(Usual place of abode)	St., Ward.	city or town and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED,		21. DATE OF DEATH	JEATH.
711.	OR DIVORCED (write the word)	(Month)	(Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	0	THE PER STATE OF THE PARTY OF T	F6-4 1 -44 4-4 4 1 #
(or) WIFE of Cennuc	Cereager	22. I HEREBY CERTIFY	Chat I attended deceased from
6. DATE OF BIRTH (month, day, and year)	n136-1872	Hast saw h un alive on Cury / S	1936 : death is sa
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at	.m.
64 5	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of	Importance
8 Trada, profession, or particular	ormin.	were as follows:	Date of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Throwie / hisearch	les 1933
9. Industry or business in which work was done, as SILK MILL,			
SAW MILL, BANK, etc.	1		
	11. Total time (yaars) spent in this		
year)	occupation	Other Contributory Causes of Importanca:	
12. BIRTHPLACE (city or town)	· · · · · · · · · · · · · · · · · · ·		
(State or country)	jua.		
13. NAME	cumo		
13. NAME 14. BIRTHPLACE (city or town)	•	Name of operation	Date of
(State of Country)		What test confirmed diagnosis Chin. Questie	there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)		23. If death was dua to external causes (VIOLENCE) fill in a	to the following:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date	V Injury, 19
∑ (Stata or country)	11/10	Where did injury occur? (Specify city or town	
17. INFORMANT CATHUMY //	rell (daughter	Specify whether Injury occurred in INDUSTRY, in HOME,	or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury	***********
Place/arkword Cam	Date (119 /8 1936	Nature of Injury	***********
Johns G to	- She alle	24. Was disease or injury In any way related to occupation	of deceased? 200
19. UNDERTAKER (Address)	TILLE .	If so, specify	AIV
N S N	will be thouse do	(Signed)	Mul M
20, FILED (2019 1) , 1906 JOTA	Registrar,	(Address)	sea Mid.
the tree to		, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	,//

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SEP 2 1936			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OCCUPA 1. PLACE OF DEATH Jo plnous Registration Dist. No. item Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred__ ___ds_ How long in U.S. if of foreign birth? 2. FULL NAME (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the Pord) (Month) BINDING (Day) (Yeer) 5e. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate 7. AGE Years Months Deys If LESS than to have occurred on the date stated above, at I day, ____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or ___ min. Data of onsat 8 Trede, profession, or particular kind of work done, as SPINNER, OCCUPATION RESERVED SAWYER, BOOKKEEPER, etc ... plnods may Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc.____ 10. Date deceased last worked at on 11. Total time (years) this occupation (month and spent in this that instructions 12. BIRTHPLACE (city or town) (State or country) plain terms, 13. NAME 14. BIRTHPLACE (city or town) Neme of operation__ (State or country) What test confirmed diagnosis? HER 15. MAIDEN NAME 23. If death wes due to external ceuses (VIOL ENCE) fill In-also the following MOT Accident, suicide, or homicide?. DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?_ pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME or in PUBLIC PLACE. 17. INFORMANT should OF (Address) 18. BURIAL CREMATION, OR REMOV Manner of Injury CAUSE mation Nature of injury LION 24. Was disease or injury In eny way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. C.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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The principal cause of death and related causes of importance were as follows:		1	Example II	
		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	ocp 5 1986	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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大 民 民	ING I	AGE
RGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS-should state
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V. 3. No. 1	-WRITE	mation
S. No.	B.	
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CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

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8	1	1	4	. 6	Į
-	-	-	-45		ă.

County California County Count	
(If death occurred in a bound or institution, give its NAME instead of street and Length of residence in city or town where death occurred. 2. FULL NAME (a) Residence: No. (b) St., Ward. (C) St., Ward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Medical crinstitution, give its NAME instead of street and death occurred in a bound or institution, give its NAME instead of street and death occurred in a bound of foreign birth? WARD. St., Ward. St., Ward. MEDICAL CERTIFICATE OF DEATH OR DIVORCED (write the word) (Month) (Day) 1 last saw h. alive on, 19. 3 qto	44
2. FULL NAME Services Significant St., Ward. (a) Residence: No. Assistant St., Ward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DATE OF DEATH 3. SEX 4. COLOR OR RACE OR DATE OF DEATH (Month) (Day) 22. I HEREBY CERTIFY, That I attended to have occurred on the date stated above, at 1 may 1 day, 1 mrs. (a) Residence: No. Assistant St., Ward. (Usual place of abode) MEDICAL CERTIFICATE OF DEATH (Month) (Day) 22. I HEREBY CERTIFY, That I attended to have occurred on the date stated above, at 2 mr. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: (A) Trule profession or particular.	Ward
(a) Residence: No. August (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DAVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years MEDICAL CERTIFICATE OF DEATH (Month) (Day) 21. DATE OF DEATH (Month) (Day) 22. I HEREBY CERTIFY, That I attended to have occurred on the date stated above, at	_mosds.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years MEDICAL CERTIFICATE OF DEATH (Month) (Day) 21. DATE OF DEATH (Month) (Day) 22. I HEREBY CERTIFY, That I attended to have occurred on the date stated above, at	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years MEDICAL CERTIFICATE OF DEATH (Month) (Day) 22. I HEREBY CERTIFY, That I attended to have occurred on the date stated above, at	16.
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE 7. AGE 7. AGE 7. AGE 9. Trade audication or auxiliaria. 1. S. Trade audication or auxiliaria. 21. DATE OF DEATH (Month) (Month) (Day) 22. 1. HEREBY CERTIFY, That I attended to have occurred on the date stated above, at 2. T.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or. min. 1 S. Trade audication or carticular.	
HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or. min. 1 PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	, 193 <u>6</u> (Year)
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or. min. 1 PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	led deceased from
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 27 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	19
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at	; death Is said
were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, Done Cangestial paralysis a papalytics from to	Deter of court
	Date of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	-3673.043.04 8
O Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation corupation	7
12, BIRTHPLACE (city or town) Kalts, Co. Contributory Causes of Importance;	Q. he was
(State or country) mary tando entirely help law; never talked or walked or ye	pringrom.
Longel oriens of alteration and messages tedas	00342).
14. BIRTHPLACE (city or town) Market or country) What test confirmed diagnosis? What test confirmed diagnosis?	
What test confirmed diagnosis? Was there a 23. If death was due to external causes (VIOLENCE) fill in also the follow	
Accident, suicide, or homicide? Date of Injury	
Accident, suicide, or homicide? Date of Injury (State or country) Accident, suicide, or homicide? Date of Injury Where did injury occur?	,
17. INFORMANT Mafficaru Souriels Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
(Address) (Addre	
Craft Jann Comellate ang . 26 pt Nature of injury	
19. UNDERTAKER TO CONTROL OF THE CON	
20. FILEO Aug. 25, 1936 A. G. Gruelly (Signed)	
Registrar. (Address)	. Q. M. D

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Example I		Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:		

BINDING

RESERVED

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Chronic interstitial nephritis AHG 31 1936	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago	
ALAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8046
1. PLACE OF DEATH	(3)
County Cullimore	Registration Dist. No.
Village or City Was Stoodlawn	No. 5004 Our Martin State Clust., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or fown where death occurred yrs. mos	sds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No.) 5004 Surmind ale a	✓ St., Ward.
(Ustal place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) The arried, widowed, or divorced HUSBAND of HUSBAND of	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of Citella Dashiell	October 1928, to Que 7 1936
5. DATE OF BIRTH (month, day, and year) 2016-5-1873	I last saw here alive on they 6 , 1936; death is said
AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
65 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	nephritis Chronio Juter 8 ven
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years)	Statial
Date deceased last worked at this occupation (month and year) Spant in this occupation (month and year)	
12. BIRTHPLACE (city or town) Scellings (State or country) Muy Carrl	Other Contributory Causes of importance:
13. NAME Thomas Daskiell	
13. NAME homas Daskiell 14. BIRTHPLACE (city or town) Q. Q. CO. (State or country) many climb	Name of operation Oate of What test confirmed diagnosis? Exam. Phys. Lat. Was there an autopsy? No.
15. MAIDEN NAME I Having Orem 16. BIRTHPLACE (city or town) Que	23. If death was dua to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide?Oate of injury, 19
7. INFORMANT M. Estella Dashell- (sinfe)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
(Address) 5004 Surpreduli Cuts!	
18. BURIAL, CREMATION, OR REMOVAL Place orune eur. Oate Osse 1019	Manner of injury
19. UNDERTAKER Sluva AM Morrish Co	Nature of injury
(Address) / Of Whonters 20. FILED 7 7 - 196 My Dupper	If so, specify (Signed) Trest Clark
If more blanks are needed, address State Registrar.	(Address) 2610 Huyun Can un Vafto 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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) I C	Example II	
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1921	Run over by street car	1 week ago
July5,1927	Peritonitis	3 days ago
V. 4 4000	Other contributory causes of importance:	
May 1,1923	Gastroenterius	1 year
	1915 - 1921 Futy5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 5, 1927 Peritonitis

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93·C		2-5
Registrat	ion Dist. No. 3	. D
NONoleath occurred in a hospital or institution, give its NA	St.	,War
ds. How long in U.S. if of foralgn birth?	/yrsyrs.	mosd
If U. S. Veteran, specify WAR		
St., Ward,		
	dent give city or town	and State
MEDICAL CERTIFICA	TE OF DEAT	Н
21. DATE OF DEATH	, , ,	/
(Month)	16	193
(Month)	(Day)	(Year)
22. I HEREBY CERT	IFY That i attac	nded dacassad fro
Mne / 133, 10	Thung !	6 1036
	15 + 19	3/
	1/16	; death is sa
to have occurred on the dete statad above, et3		
The PRINCIPAL CAUSE OF DEATH and related were as follows:	causes of importance	Date of onse
A	1	Date of onse
Goronary Thre	morrosis	
Other Contributory Causes of importance:		
Other Contributory Causes of Importance:		
morardias	V	Time 19
myo cardias	(me 19
for investinon	~	
Name of oparation	Date	of
What test confirmed diagnosis?	Wes there	an autopsy?
23. If death was dua to external causes (VIOLENC	F) fill in also the folio	owing.
Accident, suicide, or homicide?		
	Date of Injury	, 15
Where did Injury occur?(Specify cit	ly or town, county and	State)
Specify whether injury occurred in INDUSTRY, in	n HOME, or in PUBLI	C PLACE.

Manner of injury		
Nature of injury		
24. Was disease or injury in any way related to o		?
If so, specify		?
If so, specify (Signed)	ccupation of deceased	?M.
If so, specify (Signed)		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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857 3 . y S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	AN /
for sulhousation of change date of birthe ele	2 letter filed
under Staffell. 5/25/27. aB,	0
00	

M	K-THIS IS A PERMANENT RECORD. Every item of infor-	should be stated EXACTLY. PHYSICIANS should state	t may be properly classified. Exact statement of OCCUPA-	
	it	-02	0	
	kD. Every	YSICIANS	statement	
•	r RECO	Y. PH	Exact	/
ERVED FOR BINDING	RMANENT	XACTL	classified.	
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FOR	IS A 1	stated	proper	hack of certificate
A	IIS	pe	pe	Ju
ERVE	K-TE	plnous	t may	Josh .

STATE	OF MARYLAND	CERTIFICATE	OF DEATH	Stil
DEATH	rl	23	Registration Dist. No.	40
y Harleston once in city of town where IE Yush		No. If death occurred in a hospital or instit ds. How long in U.S. if	ution, give its NAME instead of str of foreign birth?yrs,	St.,eet and number
e: No. Hull	(Usual place of abode) TICAL PARTICULARS	St., Ward.	If nonresident give city or to	
4. COLOR OR RACE	5. SINGLE MARRIED WIDOWED.	21. DATE OF DEATH	ERTIFICATE OF DEA	VIH.

County Callemore	Registration Dist. No. 9
Village or City Auluton	NoSt.,Ware
, (If death occurred in a horpital or institution, give its NAME instead of street and number) isds
l t 1 in	T +
2. FULL NAME TUSTAMS	nensmoun
(a) Residence: No. Julianto (Usual place of abode)	St., Ward. If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 193 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charletty (Diensthock)	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 171. 12 1880	I last saw have alive on aug. 9 62 1936; death is sai
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, a 2-346 m.
1 day,hrs.	The fallows of beat and leaded tauses of importance
Sawyer, BOOKKEEPER, etc	Furmonory Herberculoses 570
9. Industry or business in which work was done, as SILK MILL as Electure G	
10. Date decessed last worked et this occupation (month end spear) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Saltumore (State or country)	Other Contributory Causes of importance:
13. NAME Mulip Drenst bock	
14. BIRTHPLACE (city or town) Service (State or country)	Name of operation
15. MAIDEN NAME MARKETTE	23. If death was due to external causes (VIDL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Charletty E. Dienstylock	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 14 42 Lannont for 18. BURIAL, CREMATION, OR REMOVAL	Manage of the land
Place M don Jork Date 13 1536	Manner of Injury
19. UNDERTAKER THE TOTAL OF THE STATE OF THE	24. Wes disease or injury in any way related to occupation of deceased?
(Address)	If so, specify of the state of
20. FILID Registrar	(Address) 92/6) Salar

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis 6	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of happirance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	Suan
1. PLACE OF DEATH		(3)	0030
County Balto.		Registration Dist. No. 3	3
Village or City Rustiston	in md	No. St.	Ward
	(1)	f death occurred in a hospital or institution, give its NAME instead of street a	and number)
Length of residence in city or town where death	occurred	sds. How long in U.S. if of foreign birth?yrs	mosds.
2. FULL NAME Sarah (rabella Du	cher!	
(a) Residence: No. Rustust	own md	St.,Ward.	
	(Usual place of abode)	If nonresident give city or town	
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEAT	H
	INGLE, MARRIED, WIDOWED, OR DIVORCED Swrite the word)	21. DATE OF DEATH	
Temole Ithile	lingle	(Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBANO of		22. A HEREBY CERTIFY. That latten	and destand from
(or) WIFE of		- 126 17th 136 10 Com 13	19 > /
6. DATE OF BIRTH (month, day, and year)	28 1855	li last saw her alive on Day 195 195	death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 11.5%	B., commission
80 9	4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular	/ 101	were as follows:	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.		Pas all the sells	telle of
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	u		104.14
10. Date deceased last worked at	11. Total time (vaars)		
o this occupation (month and year)	spant in this occupation		
Bulto G		Other Contributory Causes of importance	
12. BIRTHPLACE (city or town) (State or country)	A	Aligh T	1 00
13. NAME Idency H. Dec	has		1-14
I OH	0	Name of operation Data	
V 14. BIRTHPLACE (city or town)		Name of operation Data What test confirmed diagnosis? Was there	
15. MAIDEN NAME Plateth an	n Devries	23. If death was due to external causes (VIOLENCE) fill in also the follo	
15. MAIDEN NAME Stylette One 16. BIRTHPLACE (city or town) Carrot (State or country)	11-1.	Accident, suicide, or homicide? Date of injury	•
O 16. BIRTHPLACE (city or town) Crawled (State or country)	ALO	Where did injury occur?	, 19
Mus Mare C	eller	(Specify city or town, county and Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC	State)
17. INFORMANT (Address) Seven Valley	Par	Specify whether injury occurred in INOUSTRY, in HOME, of in POBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL	0 4	Manner of injury	
Place Luthern Com. Do	ite aug 3 , 1936	Nature of injury	
0 581: 1		24. Was diseasa or injury In any way related to occupation of deceased	, 20
19. UNDERTAKER Sustuatour V	nd.	If so, specify	
Gu 2 3/ 1/4	0 1	(Signed) 1 Pagel Willo	2 Zuck M. D.

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(Address)

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Chronic interstitial nephritis	1921	Run over by sheet car	1 week ago
Cerebral hemorrhage	July 5,1927	Pertonitis	3 days ago
	1	A COL	
Other contributory causes of importance:	. (4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritie	1 year
		6	
	1	L	

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis SLF & 1000	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones-	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF 1. PLACE OF DEATH		CERTIFICATE OF DEATH 8051
County Balting	oe	Registration Dist. No. 44
Village or City Bowleys (No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Frederic	sccurred yrs	sds. How long In U.S. If of foreign birth?yrsmosds
(a) Residence: No. 4313	South of (Usual place of allode)	CASt., Ward. Belto. M. 4. If nonresident give city or town and State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white "	INGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH (Moditi) (Dey) (Year)
fe. If married, widowed, or divorced HUSBANO of (or) White or Command	Engel	22. I HEREBY CERTIFY, Thet I ettended deceased from
5. DATE OF BIRTH (month, dey, end year) Marc 7. AGE Years Months 3. 4	Days If LESS than 1 day,hrs. ormin.	I last saw h alive on , 19 ; death is sat to have occurred on the dete steted ebove, et m. The PRINCIPAL CAUSE OF DEATII end related causes of Importence were as follows:
Frade, profession, or particular kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc	lway mail lelk 11. Total time (yeers)	accidental death Oste of one o
this occupation (month and year) 2. BIRTHPLACE (city or town) (State or country)	spant in this 33	Other Contributory Causes of Importance:
13. NAME Frank En 14. BIRTHPLACE (city or town) B. a (Stete or country)	Etimne	Name of operation Dete of What test confirmed diagnosis? Was there en eutopsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	Geisel Etjinne	23. If death was due to externel causes (VIOLENCE) fill In also the following: Accident, anicide, or homicide? Accident Oate of Injury
17. INFORMANT JOSEPH 18. BURIAL, CREMATION, OR REMOVAL Place Caskerry Case Oa	Engel de Dine	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury — Ascidental Acosoving a Nature of injury —
19. UNOERTAKER J. Ulling (Address) 2008 0	here st.	24. Was diseese or injury In any way releted to occupation of deceased?
20. FILEO ang 5 , 1936 John (es Cornelly Registre	(Signed) Joseph to Jamen go M. (Address) Bengis Balto Co nu

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.- The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	M	Example II	
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Chronic interstitial nephritis	1921	Run over'by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	8052
County 10 alto a	Registration Dist. No. 32
Village or City Likesville	No. St. Ward
(If Length of residence In city or town where death occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Fannie Sabell 5	Erguson
(a) Residence: No. Pukes rille (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (abritathe word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Feb 26 1848	I last saw ht. alive on Cley 28 , 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above at 2-30 m.
88 6 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Total Annual State of the State
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this occupation (month and	" hiphrehi ?
work was done, as SILK MILL, SAW MILL, BANK, etc	- Junua
10. Date deceased lest worked et this occupation (month and year)	
Nou West	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) (State or country)	Linula degena ala
13. NAME That I terguson	, some co-prome
13. NAME 1105 TETGUSON 14. BIRTHPLACE (city or town) But Um 6	Name of operation. Non. Date of
(State of country)	What test confirmed diagnosis? Climical Was there an eu'opsy? hu
15. MAIDEN NAME OSALINDA GOTRAN 16. BIRTHPLACE (city or town)	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or condity)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT ALL TRIQUENCES	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVED:	Manner of Injury
Place Drund Med & Date Mug 3/ , 19 36	Nature of injury
19. UNDERTAKEN LEVY W. LENKing Smolo.	24. Was disease or injury in any way related to occupation of deceased? 24.
(Address) In a Culleth r Orchard Sto.	If so, specify 1965
10. FILED 8/29 , 1936. 8. 8. Mccholo	(Signed) M. D.
Registrar.	(Address) Marvella M

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V.S. No. 1.

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Example I	7	Example II	
The principal cause of death and related causes of importance were as follows: 1	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis 122,	1915	Attack of epilepsy	1 week ago
Arterioselerosis Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	J.		FE4 11 15
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH

mation should be carefully supplied. CAUSE OF DEATH in plain terms,

-WRITE

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

County	13al	0	(35-6)	Registration Dist. No.	38
Village or Gi	m Park	willa_	No. Westmore	1 1 6	✓ Word
			If death occurred in a hospital or institution	n, give its NAME instead of street	and number)
Length of resid	dence in city or town where deal		sds. How long in U.S. if of fo	oreign birth?yrs	mosds
2. FULL NAM	ME Sau	el V. Ving	en	200. 11	9.0
(a) Residence	ce: No. Westru	(Usual place of abode)	Ward.	World	
PERSON	AL AND STATISTIC	AL PARTICULARS	MEDICAL CER	RTIFICATE OF DEAT	
3. SEX Male	4. COLOR OR RACE 5	SINGLE, MARRIED, WIDOWED, OR DIVORCED (won-the word)	21. DATE OF DEATH	(Month) (Day)	, 193 6
5a. If merried, widowe HUSBAND of (or) WHE of	Off: 0:	Firesa		CERTIFY, That I atte	(Year)
	7	- 10 1000	, 19	136, 10 8700	19 -5 5
6. DATE OF BIRTH (en 6-1897	I last saw Nalive on	20 p 19.	; death is sai
7. AGE Year	s Months	Days If LESS then 1 dey,hrs.	to have occurred on the date stated a The PRINCIPAL CAUSE OF DEATH		
1		/6 ormin.	were es follows:	- UL	Date of onse
kind of w	sion, or particular ork done, es SPINNER, BOOKKEEPER, etc.	Machine'st	garcomo		
9. Industry or b	ousiness in which		6' ,0 0 1	susmary in assill	arry
	done, es SILK MILL, L, BANK, etc.	(wbsock	lyss fate glowd.	Land Control of the C	
- 17 % min occorb	d last worked at water attended to the last worked at water attended to the last worked at water at the last worked at t	11. Total time (years) spent in this	Lumph-sland was	v removed at the	Bak.
year)	7,700	- occupation	Other Contributory Causes of importa		
12. BIRTHPLACE (city (State or coun		Germany			
13. NAME	Joseph V	inger	***************************************		
13. NAME 14. BIRTHPLACE	(city or town)	2	Neme of operation Sersen	va Removed Date	of 7
(State of		Trucary	What test confirmed diegnosis		autopsy?. 20
15. MAIDEN NAM	ne Bertha	Kalboch	23. If death was due to external causes		- 2
16. BIRTHPLACE	(city or town)		Accident, suicide, or homicide?	Date of injury	, 19
∑ (Stete or	country)	Francis	Where did Injury occur?	10 1	
17. INFORMANT(Address)	Wrotmon	land ave	Specify whether injury occurred in 17	(Specify city or town, county an NDUSTRY, In HOME, or in PUBLI	IC PLACE.
18. BURIAL, CREMATI	on, or REMOVAL Park	pate aug 25 \$ 19 36	Menner of injury		
19. UNDERTAKER	Wes Cook		24. Wes disease or injury in any way	related to occupation of decease	d?
(Address)	1217 St.	Paul St.	If so, specify	200	
20. FILED Mig	23 1036 Am	Dacay -	(Signed)	Te Jolley	M.
EU, I ILLU JANES L.		Point	- (Addmin) / /-	103 Tarell	-1121

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	\1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Chronic interstitial nephritis SFP 2 1936	1921	Run over by street car	1 week ago
Cerebral homorrhage	July 5,1927	Peritonitis	3 days ago
HUREAU V. S.	many		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

James +	STATE OF MARYLAND—	CERTIFICATE OF DEATH
of information of the state occupa	1/ PLACE OF DEATH	2000
SES S	County Dattimer	Registration Dist. No. 44
should of OCC	Village or City Muddle Rever	No. St., Ward
/	(li	death occurred in a hospital or institution, give its NAME instead of street and number)
Every CIANS	Length of residence in city or town where deeth occurredyrs	ds. Now long in U.S. if of foreign birth?yrsmosds.
G C F	2. FULL NAME / WWW. R. T.	finklin
st/si e	(a) Residence: No. 1536 (Usual place of abode)	If nonresident give city or town and State
RECURD. Every PHYSICIANS Exact statement	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RECC PI Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	nul W OR DIVORCED (write the word)	largust 6 193 6
NENT CTLY	5a. If married, widowed, or divorced	(Month) (Dey) (Year)
BINDING FERMANEN EXACTI y classified te.	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
BINJ PERM EX / Iy cla	0.11 4-1071	, 19, to, 19,
THE E	6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	I last saw h alive on, 19; death is said
FOR B. IS A PE stated E properly certificate	1 day,hrs.	to heve occurred on the date stated above, atm, The PRINCIPAL CAUSE OF DEATH and related causes of importance
F(IS sta pro pro	8. Trade, profession, or perticular	were as follows:
- 70	Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	The rate with I hath
RESERVED G INK—THIS GE should be that it may be that on back of	9. Industry or business in which	
ERV. VK-T should it may n back	work wes done, as SILK MILL, SAW MILL, BANK, etc	Du Drowning:
INI INI I it it it		The child world out , over his lead.
ARGIN RESTANTION NEADING INTERPRETATION AGE ETMS, so that instructions	year) occupation	Other Contributory Causes of Importance:
ADING AG. AG. s, so the	12. BIRTHPLACE (city or town) 1 Section (State or country)	
ARGIN UNFADII pplied. terms, so instructi		
	E Bulk 1	Non-ref-partition
O1 E- F	14. BIRTHPLACE (city or town)	Neme of operation
	15. MAIDEN NAME JAMAN. Jan 10 sulf.	23. If death was due to external causes (VIOLENCE) fill in also the following:
LINLY, WITH be carefully EATH in pla	15. MAIDEN NAME Many Jane 16. BIRTHPLACE (city or town) 18 ells (State or country)	Accident, or hamiside & Mouring Date of injury 8-1619 36
LYTY Poor	(State or country)	Where did injury occur? Midely (Piver and
AINLY, d be ca DEATH y import	17. INFORMANT Howard T. Franklin	(Specify of town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E PLA should OF D	(Address) NO & Dorsuch was	Public Place
- F-1	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Ascedental drownsage.
	Medernam / MM Date D / 1,19	Neture of injury
-WRIT mation CAUSI	19. UNDERTAKER Leonard Al Cycly	24. Was disease or injury in eny way related to occupation of deceased?
S. No.	(Address) 200 taylorg Rd	If so, specify
vi 7 (T	20. FILED Carg 17, 19 3 6 John & bornelly	(Signed) John World D.
2 4	Registre	(Address) Sleating Holly
	15 more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
132		A	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ii ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	0		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF	MARYLAND-C	CERTIFICATE	OF DEATH

(.	4.0	Dise	
1	\Box	5	1
0	U	U	6

1	1. PLACE OF DEATH					92-2	0001
1	CountyBaltimore					Registration Dist. No. 32	
/			Randallst		(II	Np. Outside St., feath occurred in a hospital or institution, give its NAME instead of street and s	Ward number)
	2. FULI	LNAME	Thomas Wi	lliam Go			
			Randall		d.	St., Ward. If nonresident give city or town a	nd State
-	PEF	RSONAL A	ND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
	sex ale		LOR OR RACE	5. SINGLE, MAN	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH August 6th (Month) (Day)	, 193_6(Year)
5a.	HUSBAI (or) WI		ivorced			22. I HEREBY CERTIFY, That I attende	d deceased from
		BIRTH (month,		July 29		Hast saw h im alive on August 5th 1936	; death is said
7.	AGE	Years	Months	Days	If LESS than f day,hrs.	to have occurred on the date stated above, at 2.15 P.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	0 74	15		1 8	ormin.	were as follows:	Date of onset
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc					Sceptic Cerebral Thrombosis	July 18
00	t	deceesed last his occupation (ear)	month and	SDB	time (years) ent in this upation	Other Coutributory Causes of importance:	
f2.	BIRTHPL	ACE (city or tow	m) Baltim	ere, Md.			
~	(State	or country)				Chronic Endocarditis	?
FATHER	f3. NAM	E Thor	nas Willia				
FAT		HPLACE (city of		ryland		Name of operation	
		State or country				What test confirmed diegnosis?Clinical Wes there are	n autopsy?_NO_
H			ielen Mari			23. if death was due to externel causes (VIOLENCE) fill in also the followi	
MOM	f6. Birthplace (city or town)Maryland (State or country)					Accident, suicide, or homicide? Date of injury Where did injury occur?(Specify city or town, county and Si	
f7. INFORMANT Mrs. Thomas W. Goode (Address) Randallstown, Md.						Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC F	PLACE.
f8.	f8. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Dete 8/10 , f9 36					Manner of injury	
f 9.	f9. UNDERTAKER Wm. J. Tickner & Son (Address) North & Penna. Sve.					24. Was disease or injury in any way related to occupation of deceased?	
20.	20. FILED Lug. 1 , 19.36 20 . C. Vicholo Registrar.					(Signed) G. G. Muller M. (Address) Pulle and	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

4	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

V. S. No. 1 Ř should state

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	/20
County Ballman	Registration Dist. No. 4444
Village or City	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) isds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Joseph Frederick S	Tunzelman (Horld Har Vetera.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Sprite the word)	21. DATE OF DERTH (Month) (Day) (Year)
e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That i attended decessed from 1936, to August 18 1936
DATE OF BIRTH (month, day, and year) AGE Years Months B Days If LESS than 1 day,hrs. ormin. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business In which work wes done, as SILK MILL SAW MILL, BANK, etc. 10. Date decased last worked et 11. Total time (years)	i last saw has alive on alive on 19.3.6 death is said to have occurred on the date steted above, at 4 A. m.
12. BIRTHPLACE (city or town) Sulto City (State or country)	Other Contributory Canses of importance:
13. NAME Graph Jungulman 14. BIRTHPLACE (city or town) Jungulman (State or country)	Name of operation
15. MAIDEN NAME TULE TULEN 16. BIRTHPLACE (city or town) Lewiscours (State or country) 17. INFORMANT Jasephine Meek (Address)	23. If deeth was due to external causes (ViOLENCE) fill in also the following: Accident, suicide, or homicide?
8. BURIAL, CREMATION, OR REMOVAL Place Holy Kedeemee Date Jung 21, 1936	, Manner of injury
9. UNDERTAKER Jolan & Connelly (Address) Case of myd.	24. Was disease or injury in eny way related to occupation of deceased?
20. FILE Ling 20, 136 John Germelly Register	(Signed) // Digwill fill M. D. (Address) // College Co

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and propagately.

Statement of cause of death. Cluse of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, as hyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbit conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and relate of use of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis & Carteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

certificate.

See instructions on back of

supplied.

STATE OF MADVI AND—CEPTIFICATE OF DEATH

8059

1	. PLACE OF DEA	TH OI	MAIX	ILAND		
	County Bal	timore			Registration Dist No. 36	2.
	,	Mt. Wilso	n		No. Tuberculosis Sanatoriums.	w
	**************************************			(lf	death occurred in a hospital or institution, give its NAME instead of street	and number)
	Length of residance In c	ity or town where deat	th occurred	O_yrsO_mos	2 ds. How long In U.S. if of foreign birth?yrs	mosds.
2	FULL NAME	Walter 1	P. Habi	nicht	If U. S. Veteran, specify WAR	
	(a) Residence: No.	427 Whi	tridge (Usual place		St., Ward. Baltimore, Md. If nonresident give city or town	and State
	PERSONAL AN	D STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEAT	
3. S	EX 4. COLO	OR OR RACE 5	. SINGLE, MARI	RIED, WIDOWED,	21. DATE OF DEATH	
]	Male Wh	ite	Widow	(write the word)	August 7th,	, 193 6 (Year)
5a.	If merried, widowad, or dive	orced			A THE RESIDENCE OF THE PROPERTY OF THE PROPERT	
	(or) WIFE of	largaret 1	Habnich	nt	22. 1 HEREBY CERTIFY, That I attend	
		0-4	- h 7 /	7 1000	August 5th, 19 36, to August 7 th, 1936	
6. E	OATE OF BIRTH (month, da	y, and year) UCT		If LESS than	to have occurred on the date stated above, et 7.40 P.m.	20 ; death is said
1. 2	56	9	Days 25	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance	
			20	ormin.	ware as follows:	Date of onset
NO	Trede, profassion, or p	as SPINNER, F	illing	Station	Dulmana war tuba maula a ia	July
图	SAWYER, BOOKKE 9. Industry or business I	n which A	ttenda		Pulmonary tuberculosis	1936
OCCUPATION	work was done, as SAW MILL, BANK,	SILK MILL, etc				1300
ö	10. Date deceased last wo	rked et	11. Total ti	me (years) Un- it in the nown		
	this occupation (mo	unknown	- Occu	pation Known	Other Contributory Causes of Importance;	
12.	BIRTHPLACE (city or town)	Baltime	ore	ALC: UNKNOWN	Other Contributory Causes of Importance:	
	(State or country)	Marylan	nd		None	
ER	13. NAME Char	les Habn	icht			
FATHER	14. BIRTHPLACE (city or to	Balt:	imore		Name of operation No operation Date	of.
!	(Stata or country)	Mary	la nd		Whet test confirmed diagnosis? X-ray Was there	
MOTHER	15. MAIDEN NAME	lary Egan			23. If death was due to external causes (VIOLENCE) fill in also the folio	
TH	16. BIRTHPLACE (city or to	Balt:	imore		Accident, suicide, or homicide? Date of injury	
E	(Stete or country)	Mary,	land	1 1	Where did injury occur?	
17. INFORMANT Jouis R. Schuerhol				66	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) C PLACE.
	(Address) Mt		Md.			
18.	BURIAL, CREMATION, OR				Manner of injury	
	Place / Yeu att	edsal	Date D	dB.	Nature of injury	
19.	UNDERTAKER SOOT	92 D. R.	th		24. Wes disease or injury in any way related to occupation of daceesed	no No
	(Address) \7 35	18 Parlo	d an	<u> </u>	If so, specify	/
20	FILED Aug. 8	1936 6	800	Incholo,	(Signed) John C. Jully	М. D
20.	The state of the s	1000 - 34	رياستد وعطيا وتدوه	Registrar.	(Address) Mt. Wilson, Md.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	11	Example II	
The principal cause of death and related cruses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1945	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Other contributory causes of importance:		Other contributory causes of importance:	- 13
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

ARGIN RESERVED

1. PLACE O

County

STATE OF MARYLAND-	CERTIFICATE OF DEATH 8060
F DEATH	
Baltimore	Registration Dist. No. 33
ity Catorisialle	No. 642 N. Bend Rd. St. Ward
(1	death occurred in a hospital or institution, give its NAME instead of street and number)
dence in city or town where death occurred 13 yrsmos	ds. How long in U.S. if of foreign birth?mosds.
WE Samuel Kness Harri	ugton
ce: No. 642 1 Bend Rd	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
AL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Pay) (Year)
Frances A. Harrington	22. I HEREBY CERTIFY. That I attended deceased from feling 10-,1936, to august 19-,1936
month, day, and year) Nov-16-1896	I last saw h alive on August 19-, 1936; death is said
s Months Oays If LESS than	to have occurred on the date stated above, at 1. 48.1.m.

Village or C Length of resi 2. FULL NAI (a) Residen PERSON 3. SEX 5a. if married, widow HUSBANO of (OF) WIFE OF 6. DATE OF BIRTH 7. AGE 1 dey,____hrs. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance or min. were es follows Oate of onset 8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... OCCUPATION 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc..... . Date deceased last worked et 11. Totel time (years)
spent in this this occupation (month and vear) occupation_ 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town Name of operation. (State or country) P.S. Was there an autopsy? The What test confirmed diagnosis?. HER 15. MAIOEN NAME 23. If death wes due to external causes (VIOLENCE) fill in also the following: MOT Accident, suicide, or homicide?______ Date of injury______ 19__ 16. BIRTHPLACE (city or town) (Stete or country) Where did injury occur?____. (Specify city or town, county and State)
Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury__ 24. Was disease or injury in any way related to occupation of deceased? 19. UNOERTAKER (Address) If so, specify (Signed) 20, FILEO. Registrar. (Address) 2-3-3-2 del, addition Styte Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

If more blanks are ne

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	4 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 9881 7 438	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

8061

1. PLACE OF DEATH		(23)	
County Baltimore		Registration Dist. No.	<u>á</u>
Village or City Carney		No. Joppa Road St., fdeath occurred in a hospital or institution, give its NAME instead of street and nun	Ward
Length of residence in city or town where deeth occurred	30 vrs mos	f death occurred in a hospital or institution, give its NAME, instead of street and num bds. How long in U.S. if of foreign birth?yrsmos	uber)
2. FULL NAME Paul Hartlove		If U.S. Veteran specify WAR	
(a) Residence: No. Joppa Road, C	9 m 9 m	St., Ward.	
(a) Residence: No. Joppa 13040 (Usual pla	ace of abode)	If nonresident give city or town and St	ate
PERSONAL AND STATISTICAL PAR	TICULARS	MEDICAL CERTIFICATE OF DEATH	
OR DIVOR	ARRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH JS (Mokth) (Day)	93 6 (Year)
5e. If married, widowed, or divorced HUSBAND of			320
(or) WIFE of Anna E. Eichler	Hartlove	22. THEREBY CERTIFY, Thet I ettended de	19 36
6. DATE OF BIRTH (month, day, end yeer) Feb. 26,	1896	Hest sew h. Law alive on Duly 31, 1936;	death is said
7. AGE Years Months Deys	If LESS then	to heve occurred on the date stated above, a 2.2QA.m.	
40 5 17	1 day,hrs.	THE PRINCIPAL CAUSE OF BEATH CHU TELEGO GAUSES OF IMPORTANCE	Date of onset
8. Trede profession or particular		P 1 1 1	about-
kind of work done, es SPINNER, Floris SAWYER, BOOKKEEPER, etc. Floris SAWYER, BOOKKEEPER, etc. Floris Work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed last worked et	t Helper	Illuonary enterculous	July 192
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
U 10. Date deceesed last worked et this occupetion (month and	el time (yeers) spent in this		
	occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Balto.		D A 1.1	
(State or country) Md		- Fulmonary Surerculous	
13. NAME James H. Hartlove			
14. BIRTHPLACE (city or town). Balto.		Name of operation Date of Date of	1.
(otate of country)		Whet test confirmed diegnosis? Wes there en eut	opsy?
15. MAIDEN NAME Mary M. Shankli		23. If deeth was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	10
16. BIRTHPLACE (city or town) Balto. CQ. (Stete or country)	1	Where did injury occur?	
	OVA	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
17. INFORMANT Mrs. Anna E. Hartl	<u> </u>		
18. BURIAL, CREMATION, OR REMOVAL PIECE Parkwood Cem. Date	ty 15 ,1,36	Manner of injury	
19. UNDERTAKER Frederick Lassell (Address) 7401 Belair Road	John!	24. Was disease or injury In eny wey related to occupation of deceased?	no
4 T	1- ma	(Signed) Mons B. Green	/M. D.
20. FILED 8/13, 19.36 /2. a. Fu	Registrar.	(Address) 5543 Harfor Ma	Ball

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

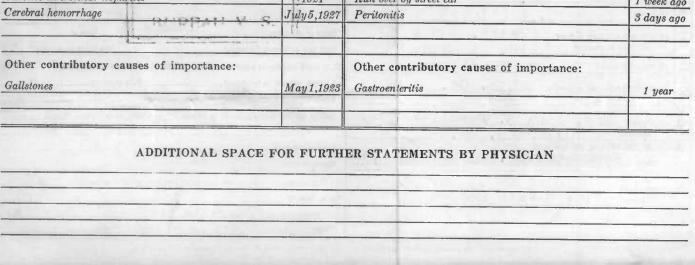
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.,

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Date of onset
3 7 7 7 3	1 week and
921 Run over by street car	1 week ago
5,1927 Peritonitis	3 days ago
Other contributory causes of importance:	
1,1923 Gastroenteritis	1 year
	Other contributory causes of importance:



of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

6.	11	63	61
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1. PLACE OF DEATH		THE DECLETE
County Saltemore	L	Registration Dist. No.
Village or City Jourson	· · · · · · · · · · · · · · · · · · ·	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where d		sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME	il 9. Hein	
(a) Residence: No. 6904 War	Aman Road (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH luguest 18 1936.
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 + 1 . 5/.	22. / I HEREBY CERTIFY That I attended decessed from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months (Days If LESS than 1 day,hrs.	I last saw h alive on alive on 19 ³⁶ ; death is salto have occurred on the date stated above, et 120 Pm. The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Retried	Carcinoma (Esoflagus) Dete of ones Lyxan
SAW MILL, BANK, etc	11. Total time (years) spent In this occupation	
12. BIRTHPLACE (city or town) (State or country)	Germany.	Dther Contributory Conses of Importence:
13. NAME ?	The state of	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Germany	Name of operation. Effloration Toparations Date of Jung 16: What test confirmed diagnosis? Effection Was there en autopsy? en
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Known	23. If death was due to externel causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
(State or country) 17. INFORMANT MAN. Charles: (Address) 6904 Warshina	Him	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Approvedle,	Date Sugues 2/136	Manner of Injury
19. UNDERTAKER Stewart) (Address) 108 20 7 7 7 7	Mourn Company	24. Was disease or injury In any way related to occupation of deceased? LEO If so, specify (Signed)
20. FILEOUSY: D., in Solution	Registrar.	(Address) Adwisou - Clean M. C. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

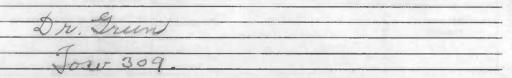
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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	= 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis SEP 3 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year





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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	I week ago
Cerebral hemorrhage 28 1930	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF	MARYL	AND-	CERTIF	ICATE	OF	DEATH

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1. PLACE OF DEATH			(23)		
County Baltimore			Registration Dist. No.	32	
Village or City Mt. Wilson		No. Tuberculosis Sanatorium	Ward		
			death occurred in a hospital or institution, give its NAME instead of street a		
2. FULL NAME James	J. Hode	k	If U. S. Veteran, specify WAR		
(a) Residence: Np. 809 N.	Bradfo: (Usual place	rd St. of abode)	St., Ward. Baltimore, Md. If nonresident give city or town	and State	
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	1	
3. SEX 4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCEI Sin	RIED, WIDOWED, (write the word) gle	21. DATE OF DEATH August 24th, (Month) (Day)	, 193 6 (Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	ngle		22. I HEREBY CERTIFY, That I attended deceased from August 14th, 1936		
6. DATE OF BIRTH (month, day, and year)	ay 1st.	1909	I last saw h im alive on August 24th 19		
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 1.25 A.m.		
27 3	23	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
SAWYER, BDDKKEEPER, etc. SAWYER, BDDKKEEPER, etc. SAWYER, BDDKKEEPER, etc. SAW MILL, BANK, atc. To Date decaased last worked at this occupation (month and y 1936) This occupation (month and y 1936) SAW MILL, BANK, atc. 11. Total time (years) spent in this occupation occupation 1 yr.			Pulmonary tuberculosis	June 1936	
12. BIRTHPLACE (city or town) Balt	imore land	ipation 1 yr	Other Contributory Canses of Importance:		
14. BIRTHPLACE (city or town). Unkn		9.	Name of operation No operation Date of What test confirmed diagnosis? X-ray, and Was there		
# 15. MAIDEN NAME Josephi	ne Sole	r	THE PART OF THE TO SEE MAIL TO SEE TO YOUR REPAIR IF AS WING ALIO		
f5. MAIDEN NAME Josephine Soler f6. BIRTHPLACE (city or town) Baltimore (Stata or country) Maryland			Accident, suicide, or homicide? Date of injury	, 19	
17. INFORMANT Journ R. WII	shuerk son, Md	oly	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.	
18. BURIAL, CREMATION, OR REMOVAL) Place Most Holy Redeemerbate Aug. 27, 1936.		Manner of injury			
19. UNDERTAKER Frank Cruck & Horal (Address) 1906 Ashland ave			24. Was disaase or injury in any way ralated to occupation of deceased? If so, spacify	T P	
20. FILED Aug 24, 1936 C	A OV	Clobs Registrar.	(Signad) To hy C. Trull (Address) Mt. Wilson, Md.	M. D.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car AIG 27 1936	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BITT ALL V. D.		BUREAU V. R.	
	and the second	a harmonia management and the second	
Other contributory causes of importance:	144-17	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

be

TYON is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

-WRITE

V. S. No. 1

Exact statement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

8065

1. PLACE	OF DEATH			(23)	
County Baltimore Village Dr City Mt. Wilson		Registration Dist. No.	32		
		Mt. Wilson Branch Md. No Tuberculosis Sanatoriums.	Ward		
		death occurred in a hospital or institution, give its NAME instead of street a	nd number)		
Length of re	esidence in city or town where o				
2. FULL N				If U. S. Veteran, specify WAR	
(a) Reside	ence: No. 177 Dul		loucester	St., Ward. Annapolis, Md. If nonresident give city or town	1.0
PERSO	NAL AND STATIST	(Usual place		MEDICAL CERTIFICATE OF DEATH	Annual Control of the
3. SEX	4. COLOR OR RACE	5 SINGLE MAI	RRIFD WIDOWED.	21. DATE OF DEATH	
Female	White	or Divorci	D (write the word)	August 6th.	, 193 6
5a. If married, wid		0111	510	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	Ci.	ngle		22. HEREBY CERTIFY, That I attend	
			1866	May 16th, 19 31, 10 August 6	
6. DATE OF BIRTI	H (month, day, and year)	une 7th		Hast saw h.er alive on August 6th, 19	0.0.; death is said
	Years Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 7.5.5 A.m.	
70 3	73 1	30	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Trade, pro	ofession, or particular f work done, as SPINNER.	Dress 1	Maker		
SAWYI	f work done, as SPINNER, ER, BOOKKEEPER, etc or business in which			Pulmonary tuberculosis	Dec.
work v	was done, as SILK MILL, MILL, BANK, etc				1930
C) 10 Date dece	seed last worked at	11. Total	time (years) 10		
this oc year)	cupation (munkhown	spi	time (years) 10 ent in this yrs.		
12. BIRTHPLACE	Anna:	polis		Other Cantributary Causes of importance:	
(State or co	7			None	
13. NAME	Richard H. H	olland			
13. NAME	CE (city or town) Unic	nown		Name of operation No operation Date	of
(State	or country) Mar	yland		What test confirmed diagnosis? X-ray, and was there	
15. MAIDEN	NAME Alexian	na H		tubercle bacilli were found 23. If death was due to external causes (VIOLENCE) fill in also frie follo	
15. MAIDEN 1	CE (city or town) Unk	nown		Accident, suicide, or homicide? Date of injury	
O 16. BIRTHPLACE (city or town) UTKITOWII State or couply) Maryland (State or couply)			0	Where did injury occur?	
17. INFORMANT Jais A. Rehiserhols			ols	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
(Address)	Wilso. Wilso.	n, Md.	X		
18. BURIAL, CREMATION OR REMOVAL STANDAS CEMETERS 7 36			7 7	Manner of Injury	************
Place	mpolis Mo	Pate Augu	st 7 ,19 36	Nature of Injury	
19. UNDERTAKER	XMALII	1000		24. Was disease or injury in any way related to occupation of deceased;	No
(Address)	100% W. Balti	more St.		If so, specify	/
20 FILED ALLO	4 19.36	2 8 0	Jecholo	(Signed) form (1. Smith	M. D.
20. FILED/IMA 1, 19.50			Registrar.	(Address) Mt. Wilson, Md.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
TOPEAU Y S			
Other contributory causes of importance:	124	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RE-	ation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIA	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statem	
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 8066
1. PLACE OF DEATH	(73)
County Baltimore:	Registration Dist. No. 144
Village or City Sparrows Point.	ANOTOCIA JOULT St., Ward death, occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	
2. FULL NAME Charles Hab to	1: 20
11 , 2 // 10	120
(a) Residence: No. 10/3 (Usual plant of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male white OR DIVORCED (write the front)	(Maghth) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Select Hosp Kins	22. I HEREBY CERTIFY, That I attended deceased from
() 2 Et 1891	, 19, to, 19,
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	l last saw h alive on 19 ; death is said
1 day,hrs.	to have occurred on the date stated above, at
0 ormin.	were as follows:/
Vade, profession, or particular kind of work done, as SPINNER,	Mrowning.
SAWYER, BODKKEEPER, etc.	(acceptental)
work was done, as SILK MILL, SAW MILL, BANK, etc.	a tout was not involved. Cule R.
Kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation.	bathing a custo
Occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Salts Md	
13. NAME Charles Fortems	
13. NAME Charles Hopkins 14. BIRTHPLACE (city or town) - Merry Canada.	Name of operation Date of
(State or country)	What test confirmed diagnosis? Kaus. Was there an autopsy? US
15. MAIDEN NAME Sallin Dove	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Afternology	Accident, suicide, or homicide? Accidenta Date of injury 119 36
(State or country)	Where did injury occur? Afrancis Poul . Hea
17. INFORMANT Helen Hopkins (Mife	(Specify city or town, county and State) Specify whether injurroccurred in INDUSTRY, in HDME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Alrost nen A: accidental.
Place Loudon Vanke Date 8 - 3 19 36	Nature of injury
19. UNDERTAKER/BErmand C Harle	24. Was disease or injury in any way related to occupation ot deceased? 200
(Address) 12 & Max 34	If so, specify
20. FILED Cury 7, 193 - John S. Comelle Registrary	(Signed) Som A. Jendella G. O. Box 478
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

broke is const

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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incipal cause of death and related causes ortance were as follows:	Date of onset
of epilepsy	1 week ago
r by street car	1 week ago
tis	3 days ago
contributory causes of importance:	
штив	1 year
er	enteritis

STATE OF	MARYLAND—CERTIFICATE OF DEATH	8068

1. PLACE OF DEATH	0525
County Ballman	Registration Dist. No.
Village or City A medulh	No. St. Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmo	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME HUER Imm	al v In.
(a) Residence: No. Dundul (Usual place of abode)	St., 6 humos a final from and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Road (Months (Day) (Yaar)
5e. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceased from
6. DATE OF BIRTH (month, dey, and year) Que 13, 1936	C. 11-0/2
7. AGE Years Months Days If LESS then	to heve occurred on the date stated above 12m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profassion, or perticular	were es follows:
A Tiese, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9, Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this pecupation (month and	Blue Balai
9. Industry or business in which work was dona, es SILK MILL,	4
SAW MILL, BANK, etc.	
Spell (III (III)	
yaer) occupation	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) Augulul Batting	
(State or country)	
13. NAME THESE MON	
13. NAME THE THE THE THE THE THE THE THE THE TH	Name of operation Dete of
(State or country)	What test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME Gertrude Jane Murray 16. BIRTHPLACE (city or town) Hest Virginia	23. If death was due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) West Dirigine 1	Accident, suicide, or homicide? Date of injury 19
∑ (Steta or country)	Where did injury occur?
17. INFORMANT has Hurry Digiera	(Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address)	The state of the s
18. BURIAN CREMATION, OR REMOVAL	Manner of injury
Pocked Heart Throng 0/7/36	Neture of Injury
19. UNDERTAKER Do Cornelly	24. Wes disease or injury in any wey releted to occupetion of decaesed?
(Addrass) A sey Ind	If so, specify
20. FILED 81 h 6816 Mylarum	e (Signed) James C Glaria M. D.
Registrar.	(Address) Africans Paul My
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The princip of importar	Date of onset	
Arteriosclerosis	1915	Attack of epi	1 week ago	
Chronic interstitial nephritis	1921	Run over by,	street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	258 3 1936	3 days ago
		*	Come I saw les in 8	
Other contributory causes of importance:		Other contr	ibutory causes of importance:	
Gallstones	May 1,1923	Gastroenterit	is	1 year

ADDITIONAL SPACE FOR FURT	HER STATEMENTS BY PHYSICIAN
for authorisation see birth cert	8/13/36 also informant is given as
Mrs. Harry Iman. 9/18/36 A.B.	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 80	69
1. PLACE OF DEATH	(131)	1
County Baltimar	A. Registration Dist. No.	5
Village or City Towsons	No. Oulaney Rol. St.	Ward
	death occurred in a hospital or institution, give it NAME instead of street and num ds. How long In U.S. If of foreign birth?yrsmos.	
T. D+1	1. 1/1/	1
2. FULL NAME Homes falsach from	Not a U.S. Wow m	ellan
(a) Residence: No. (Usua/place of abode)	St., Ward. If nonresident give city or town and St	ale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR, RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	199. 6. (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended de	ceased from
6. DATE OF BIRTH (month, day, end year)	I last saw blan alive on and 2, 1936;	death is said
7. AGE Yeers Months Days or If LESS than 1 day,hrs.	to have occurred on the date stated above atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were established:	2 1 1 1 1 1
Trade, profession, or perticular kind of work done, es SPINNER, SAWYER BOOKKEFEER etc.	atienosclerous	Date of onset
9/Industry or business in which work was done, as SILK MILL, Annal estates	Heart disease, Chine my readity	1935
10. Dete deceased last worked at this occupation (month and 1929 occupation 5449		
12. BIRTHPLACE (city or town) Muirkula about the Company (State or country)	Other Contributory Carles of Importance:	5/4/36
13. NAME Thos. Patrick from	<i>y</i> .	
(State or country)	Name of operation Date of What test confirmed diagnosis? Chuical answers there an aut	opsy? No
15. MAIDEN NAME Ellen Hogan	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
17. INFORMAN Brother las. a. Lvory (Address) Butto Co. Home May	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOVAL Place Company Compan	Manner of injury	
19. UNDERTAKER John Burns Bons (Address Jowson pids)	24. Was disease or injury In any way related to occupation of deceased?	0
20. FILED ILLY # 36 Superior Part 1 Registrar.	(Signed) Rollin C. Aydra (Address) Towson, Md.	M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis SEP	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage Cerebral hemorrhage	Tuly 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	10.00.4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLA

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	15	7	11	
0	U	4	(1	

1. PLACE OF DEATH		app.			
County Ballumore		43:69	Registration D	ist. No.	4
Village or City	(If deat	Np. h occurred in a horpital or insti	tution, give its NAME	instead of street and	Ward
2. FULL NAME agolph H	erman V	aboute &	Jahuke	yrsm	JS
(a) Residence: Np. Eddle (Usual place		St., Ward.	If nonresident gi	ve city or town and	State
PERSONAL AND STATISTICAL PARTI	CULARS	MEDICAL O	CERTIFICATE		
M. W GR DIVORCE	D (write the yord)	DATE OF DEATH	1.	// _(Day)	, 193 6
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta Fahuke 6. DATE OF BIRTH (month, day, end year) Jun 14, 7. AGE Years Mondis Days 8/ 26	If LESS than to 1 dey,hrs.	L HEREB AND 12 ast saw h alive on have occurred on the date sta	Y CERTIFY 1935, to Comment ted ebove, at 6:101	Thet I attended	
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	L -	ore satollows:	1 Flarm	lovis	Date of onset
Sper	pation	ther Contributory Causes of important	Card disease	is-	7
(State of country)	WI	nme of operationat test confirmed diegnosis?	Unia	Dete of	
15. MAIDEN NAME Caroline Cause 16. BIRTHPLACE (city or town) General (Stete or country) 17. INFORMANT Laweyur Jahna (Address) 6.13	Ac WI	If death was due to external ca cident, suicide, or homicide? per did injury occur? ecify whether injury occurred	(Specify city or to	te of Injury	, 19
18. BURIAL, CREMATION, OR REMOVAL Place St. Paula Comp	X10 Th 10 4 X	nnner of injury		•	
9. UNDERTAKER Lilly & Jeiley Sam (Address) 403 ff. Wolfe ft		Was diseese or injury in any so, specify	way related to occupation	on of deceased?	
20. FILED Cong. (2, 19) 6 plm, 8. 6	Registrar	(Signed)	meda	ioner m	M.D.

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Example 1	11	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8071
1. PLACE OF DEATH.	93-E
County Danlenger	Registration Dist. No. 32
Village or City Tupes ville	NoSt.,Ward
Length of residence in city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?mosds.
2. FULL NAME A SANTER TEARL	<u> </u>
(a) Residence: No.	St., Ward.
Vsual place of abode	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR ROCE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. July 1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I lest saw Kar alive on aling 15 1936; death is said
7. AGE Years Months Days I LESS than	to have occurred on the date stated above, at 10 a -m.
9 1 1 b 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Orome byscorditos 1931
kind of Iwork done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
11. Total time (years) this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
13. NAME Longe H Tanker	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
State or country)	Where did Injury occur?
17. INFORMANT (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place AMATANUS W. Date May 5, 19 16	Nature of Injury
19. UNDERTAKER JOHN C. MISCH	24. Was disease or injury in any way related to occupation of deceased?
20. FILED. 8 24 f . 56 19	(Signed) Let 31 W. Hemmel Jan. M. D.
	1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	~ 1)	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
New York Control of the Control of t			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	08724
PLACE OF DEATH	STATE OF MARYLAND
County Bulgo.	CERTIFICATE OF DEATH
01:00	Registration Dist. No. 3
Village or City Mulle (No	St.: Ward) (If death occurred in a hospitel or institu-
2FULL NAME Baly Sirl Keir	tion, give its NAME in- steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE SINGLE. MARRIED R. Making WIDOWED. OR DIVORCED Undang. (Write the word) Undang.	16 DATE OF DEATH (Month) 17 (Day) 1936 (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
August 1) the 1936 (Month) (Day) (Year)	that I last saw h alive on 192
7 AGE (0(a00) IffLESS than	and that death occurred on the date stated above, at
(Stillsru) I day hrs.	The CAUSE OF DEATH * was as follows:
yrsds. ormin.?	Via Malina (Frant)
(a) Trade, profession or particular kind of work	N-Manux - & misucu
(b) General nature of industry	Aland Sefaration of
business, or establishment in which employed or (employer)	(Duration) yrs. mos. / ds.
9 BIRTHPLACE (State or country) Pelessille Ind.	Contributory Secondary (Duration) :
10 NAME OF WM Dadstone Keer	(Signed) Ames a. Typle tin M. D.
U II BIRTHPLACE	Aug 17 1936 (Address) (Illesville, MX.
Z (State or country) / Meeting his	*State the Disease Causing Death, or, ln deaths from Viplent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother May and Vivian Francis	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensients or Recent Residents)
OF MOTHER (State or Country) Balto. M.	At plece of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of deeth?
(Informant) Wm Islaftand Kler	Former or usual residence
(Address) Pilesville Inf.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed 8/19/ 1986 & Elysphal	20 UNDERTAKER ADDRESS
Registrar	nau /

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed ployed, as Al school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, without more precise specification as Day Laborer--Coal mine, etc. Wom-(6) Grocery

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., carbolic acid-probably suicide. The nature of the injury diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. causing death), 29 ds.; Bronchopncumonia (secondary) Whooping cough; (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-Chronic Carcinoma, Sarcoma, etc., of etc. valvular heart The contributory Always qualify all disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU

certificate.

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instructions

important.

A.	1	STAT	E OF	MA	RY	LAND
infor state UPA	1. PLAC	E OF DEATH			_	111111111111111111111111111111111111111
Sell of Co.	Count	y Balto	4			
item of should of OCC	Village	e or City	Halet	thory	oe_	
	Length	of residence in city or town	where deat	h occurred	10	yrs
Eve	2. FULL	NAME	Clir	iton	C.	King
D. Every IYSICIANS	(a) Re	esidence: No		H &		thorpe
ac bill	PER	SONAL AND STA	TISTIC	AL PAI	RTIC	JLARS
Sxa Sxa	3. SEX	4. COLOR OR RA	CE S	SINGLE	MARRIE	D WIDOWEI

6. DATE OF BIRTH (month, day, and yeer) 1898 All R. 7. AGE Years Months Days If LESS than 38 1 day, ---- hrs. 0 or____min.

5. SINGLE, MARRIED, WIDOWED.

Single

OR DIVORCED (write the word)

8. Trade, profession, or perticular kind of work done, as SPINNER. CUPATION SAWYER, BDOKKEEPER, etc 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years)

White

Male

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

occupation Balto. Md 12. BIRTHPLACE (city or town)

Thomas O King FATHER 13. NAME

this occupation (month and

(State or country)

14. BIRTHPLACE (city or town) Maryland (State or country) Ida E. Burns 15. MAIDEN NAME

MOTHER 16. BIRTHPLACE (city or town) Maryland (State or country)

Ida E. King 17. INFORMANT. Halethorpe (Address) 18. BURIAL, CREMATION, OR REMOVAL

(Address)

Registrar

Registration Dist. No. No.____St., Ward
(If death occurred in a horpital or institution, give its NAME instead of street and number) _mos.____ds. How long in U.S. if of foreign birth?_____yrs.____mos.____ds. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEAT The PRINCIPAL CAUSE OF DEALE and Cated dusas of Importance

-CERTIFICATE OF DEATH

Name of operation_____ What test confirmed diagnosis?_____ Was there an au'opsy?

23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______19_____

Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Neture of injury.... 24. Was disease or injury in any way related to occupation of deceased?

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
V			

	7	K.	6
ACTIVITIES TO TOTAL TOTAL ATTOMAT	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT R.	mation should be carefully supplied. AGE should be stated EXACTLY.	CAUSE OF DEATH in plain terms, so that it may be properly classified. Ex
7	AP	ed	perly
	IS	stat	prol
1	HIS	þe	pe
	T-T	pino	may
2	INA	Sh	t it
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See instructions on back of certificate.

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STATE OF MARYLAND-CERTIFICATE OF DEATH

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1	. PLACE OF DEATH			157.8	
	County Baltimore			Registration Dist. No. 32	
Village or City Owings Mills, Md			(16	No. Grynbrook Ave. St., death occurred in a hospital or institution, give its NAME instead of street an	Ward
	Length of residence in city or town where	death occurredC	yrsO.mos		mosds.
1	2. FULL NAME James Aug	ust Kolbe	}	If U. S. Veteran, specify WAR	
	(a) Residence: No.	(Usualplace	of abode)	St., Ward. If nonresident give city or town a	nd State
-	PERSONAL AND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	Male White		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH August 27 (Month) (Dey)	., 193 6 (Year)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended August 20 1936 to August 27	
6.	DATE OF BIRTH (month, dey, and year)	August 20	1. 1026	liast sew h_im_alive on_August_2619_3	
	AGE Yeers Months	Days 7	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, et. 4	Deta of onset
Z	8. Trade, profession, or particular kind of work done, as SPINNER.				Deta di duset
OCCUPATION	9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc			-Spinal Meningocele	At birth
220	1D. Date deceased last worked at this occupation (month end year)	spe	time (years) ent in this upation		
12.	BIRTHPLACE (city or town) Owing (State or country) Mary 1	s Mills		Dther Contributory Causes of importance:	
E	13. NAME James Kolbe				
FATHER	14. BIRTHPLACE (city or town) (State or country) Maryla	nd		Name of operation Name Date of What test confirmed diagnosis? Glinical Was there a	
ER	15. MAIDEN NAME Dorothy	Virginia	Wilburn	23. if death was due to external causes (VIDL ENCE) fill in also the follow	
15. MAIDEN NAME Dorothy Virginia Wilburn 16. BIRTHPLACE (city or town) (Stete or country) Maryland		Accident, suicide, or homicide? Date of injury Where did injury occur?			
17.	INFORMANT Dorothy Vir (Address) Owings Mill		be	(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC I	tate) PLACE.
18.	BURIAL, CREMATION, OR REMOVAL Place Page and Hard	Com. Au	q. D. 8 , 19 36	Manner of Injury	
19.	UNDERTAKER Frank H. Newe (Address) Pikesville, M	11	U	24. Was disease or injury in any way related to occupation of deceased? If so, specify 6 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	no
20.	FILED 8/28/ ,136 8	6 me	Registrar.	(Signed) Policy or which we have the state of the state o	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

pura	Example I		Example II	
The principal cause of of importance were as for	leath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	ACC 1 1000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrit	is	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V S.	July 5,1927	Peritonitis	3 days ago
Other contributory caus	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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5 J. M. 12	

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the same of the sa	CAUSE OF DEATH in plain terms so that it may be properly classified. Ex	cate.
-	properly	of certifi
-	t may be	ATION is very important. See instructions on back of certificate.
1	so that i	uctions
-	terms 8	ee instr
1	in plain	rtant. S
	DEATH	ery impo
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	PLACE OF DEATH County Lundalia	STATE OF MARYLAND CERTIFICATE OF DEATH
	County	Registration Dist. No.
ate.	Village or City Dundalla (No. 24 66	welcond and St.: Ward) (If death occurred in a hospital or institution, give its NAME Instead of street and
Ifica	2FULL NAME Ugnes fe	number.)
cert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	S SEX 4 COLOR OR RACE SINGLE. MARRIED. Married WIDOWED. OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH CLEE y 5 , 192 6
d no su	6 DATE OF BIRTH (Alonth) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
nstructio	7 AGE 49 yrs. // mos. A ds. or min.	and that death occurred on the date stated above, at 7.40 Am. The CAUSE OF DEATH * was as follows:
See ii	8 OCCUPATION (a) Trade, profession or particular kind of work	alenoselesore + Myocarthes
tant	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) Syre mos de.
Impor	9 BIRTHPLACE (State or country) Cascho- floralia	Contributory Secondary (Durstion) yrs mos ds.
s very	10 NAME OF Stephen / Vaspar vice	(Signed) Fruk & Elled M. D. any 6 1934 (Address) Shring Purk
TION	OF FATHER (State or country) Cycho-Slovalica 12 MAIDEN NAME 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Volent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
A	of MOTHER Mary Place	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OCCU	OF MOTHER (State or country) Cyclo Slavolnu	At place in the of death yrsmosds. State yrs
of	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
ent	(Informant) John Majcores	usual residence
statem	(Address) 224 Cliveleard as	Holy De deemer aug 8, 1936
T st	15 Filed Slope 192 MM Carrier Registrar	20 UNDERTAKER ADDRESS Frank Grach 48 on 1906 Boland ar
1 1	If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servont, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day nature of the business or industry, and therefore an or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Housemaid, etc. to report specifically the occupations of persons, enworked on may form part of the second statement. Foreman, (b) Automobile factory. The materia For many occupations a single word or term on yrs). Form laborer, (b) Cotton mill; (a) Salesman, At Home, and children, Compositor, Architect, For persons who have no occupation If the occupation has been changed Laborer-Coal mine, etc. Wom-Locomotive engineer, not gainfully em-(6) The ques-Grocery;

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1. PLACE OF DEATH County On the County Of Death Village or City No.	
Village or City No. 47 No. 47 (If death occurred in a hospital or institution, give its NAME instead of street and number of the street and num	mber)
(If death occurred in a horpital or institution, give its NAME instead of street and number leath of residence in city or own where death occurred	mber)
2. FULL NAME (a) Residence: No. (Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	ds
(a) Residence: Np. 1141 (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
(Usual place of abode) If nonresident give city or town and Sta PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	late
3 SEX A COLOR OF BACE A S SINCIF MARRIED WINDWED 21 DATE OF DEATH	
Male While OR DEORED (write the word)	193 6
5a. If married, widowed or divorced HUSBAND of 22 I HEREBY CERTIEY That Lattended dec	(1001)
(or) WIFE of Constant A March 184	
6. DATE OF BIRTH (month, day, and year) United to 1874 I last saw h alive on	
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at	
ormia. were as follows:	Date of onse
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Cancer of the stomach	
9. Industry or business in which	
SAW MILL, BANK, etc.	
1D. Date deceased lest worked at this occupation (month and spent in this occupation control of the control of	
Other Contributory Canses of importance:	
12. BIRTHPLACE (city or town) (State or country)	
I 13. NAME TAKNOW PE	
13. NAME 14. BIRTHPLACE (city or town). Russian Name of operation. Date of State or country)	
(State or country) What test confirmed diagnosis? Was there an auto	
15. MAIDEN NAME 23. If deeth was due to external causes (VIDLENCE) fill In also the following:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
16. BIRTHPLACE (city or town) Date of injury Accident, suicide, or homicide?	, 19
where did injury occur?	
17. INFORMANT CHAR (Specify city or town, county and State) 17. INFORMANT (Address) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE (Address)	E.
18 BURIAN CREMATION, DR REMOVAL	
Placy Winity Date Owij - 1,1936 Nature of Injury	
19. UNDERTAKER (Address) 24. Was disease or Injury in any log related to occupation of deceased? If so, specify	To along
20. FILED. J. 6/3 69 XMOarus (Signed) (Address June 1919)	M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II	
The principal cause of feath and related causes of importance were as follows	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of impart			
Other contributory causes of importance.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8026
1. PLACE OF DEATH	(93-c)
County Non allimore	Registration Dist. No. 35
Village or City Monklon-md.	No. York Road, St. Ward
Langth of rasidence in city or town whara death occurred 2 Dyrs o mos	death occurred in a horpital or institution, give its NAME instead of street and number) Ods. How long in U.S. if of foreign birth? 7 yrs. mos. 2 ds.
1 2 3 3 -	mos. 2 ds.
2. FULL NAME John Denf. / was	2
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGES, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male Mile Single	(Mooth) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Surgle	aug 195 to aug 12 195 G
6. DATE OF BIRTH (month, day, and years 1949	I last wh in falive on and 12 (, 193; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data statad above, atm.
87 5 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:
8. Frada, profassión, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	acule My olardity spota
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Date deceased last worked at	
Industry or business in which work was done, as SILK MILL, seal Lucas fringing to	
10. Date deceased last worked at this occupation menth and spant in this year? The spant in this occupation spant in this occupation spans.	
year your for the dy occupation fews.	Other Controllery Causes of Importanca
12. BIRTHPLACE (city or town) Carmy (Stata or country)	Chromen nego laster 5-4
=	
14. BIRTHPLACE (city or town) State or country)	What test confirmed diagnosis?
15. MAIDEN NAME wuknown	23. If daath was due to external causes (VIELENCE) fill in also the following:
15. MAIDEN NAME witnown 16. BIRTHPLACE (city or town) Probably Spruyfulf	Accidant, suicide, or homicida?
(Stata or country)	Whara did injury occur?
17. INFORMANT My Ugnus J. / Dayley (Fring)	(Specify city or town, county and State) Spacify whethar injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Monklon (1)	1
Place from full Ohia Data Cury-14/1936	Mannar of Injury
1001-1-1011-1911	Nature of injury.
19. UNDERTAKER SCHWART FUNDAMINATION (Address)	24. Was disease or injury in any way related to occupation of deceased?
Q. 100 51 70 0 0 1 - 1	(Signed) Shu Saur M.D.
Registrar.	(Kodrass) G12 W 40 AF
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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	Example I		Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	CEP 8 1925	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nepi	hritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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FATHER

MOTHER

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	5076
1. PLACE OF DEATH County Salta.		Registration Dist. No. 3	7
Village or City Owngs		No. St., death occurred in a horpital or institution, give its NAME instead of street and n	Ward
Length of residence in city or town weers death of the standard of the standar	Marsha	ds. How long In U.S. If of foreign birth?yrsmos	sds.
(a) Residence: No. Pleasan	T Hell (Usual place of abode)	St., Ward. If nonresident give city or town and S	
PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Fernale White	INGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH (Myrith) (Bay)	193. (Year)
5a. If merried, widowed, or divorced HUSBANO of (or) WIFE of Charles &	Marshall	22. The HERRBY CERTIFY, That I attended d	eceased from
6. DATE OF BIRTH (month, day, and year) Syst	. 12 1865	I last saw h la alive on Oug 14th 1936.	death is said
7. AGE Years Months /	Days If LESS than 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related oduses of Importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Certific Jenorlases	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked at	nl	72	14 15)
10. Date decessed last worked at this occupation (month and yeer)	I1. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Balty.	6	Other Contributary Causes of Importance:	

(State or country)

NAME Oliver H. Disney

BIRTHPLACE (city or town) Balto. City

(State or country)

15. MAIDEN NAME Eliza It heat

16. BIRTHPLACE (city or town) Date Co (State or country)

(Address) Owing Mills Md

18. BURIAL, CREMATION, OR REPOVAL

19. UNDERTAKER J. F. & line & Sores
(Address) Rustustown MA

20. FILEO. ay 21, 19.3.6 I Registrar

Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ______

(Signed) I Page Halles Dee De Hourtains Zung

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
The states of the state of the			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—CERTIFICATE OF DEATH

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1. PLACE OF DEATH County BALTIMORE	Registration Dist. No. 38
Village or City GOVANS	ND. MERCY VILLA St., War f death occurred in a horpital or institution, give its NAME instead of street and number) s. 2.6 ds. How long in U.S. if of foreign birth? yrs. mos. di
2. FULL NAME CLARA C. MAYER (a) Residence: No. SHORE ACRES, ARNOHD, B.A.	7. Co.St., Ward.
(Usus/place of abode) / PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED MARRIED.	21. DATE OF DEATH . 10
5e. If married, widowed, or divorced HUSBAND OF (or) WIFE of JOSEPH C. MAYER	22. HEREBY CERTIFY That I attended deceased fro
5. DATE OF BIRTH (month, dey, and year) July 28. 1882 7. AGE Years Months Deys if LESS than 1 day, hrs. or or min.	I lest sew harmonic alive on
8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupetion spant in this 3 occupation. 12. BIRTHPLACE (city or town) (Stete or country)	Other Contributory Causes of importance:
13. NAME The celes 14. BIRTHPLACE (city or town) (State or country) 15. All Tricks The celes The celes	Name of operation Plant B. Dete of
15. MAIDEN NAME Olice Common and 16. BIRTHPLACE (city or town) Balls had 17. INFORMANT Crepte a mayer (Address) The sea Acres 0 0 0 0 may	What test confirmed diagnosis?
18. BURIAL, CREMATION, OR REMOVAL Plece alhabetal Dete Bing 13, 19 34	Manner of injury
19. UNDERTAKER WILLIAM COOK (Address) 1217 ST. PAGLAST. GARTING MED 20. FILE SULPID ASSELLED LAWYER Registrar.	24. Wes disease or injury in any wey related to occupetion of deceased? If so, specify (Signed) (Address) Address Address 24.11 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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V. S. No. 1

(Address)

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-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHTSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
31	ior	S	Z
M	at	Al	10
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 8078
1. PLACE OF DEATH	(193-P) 2/-
County B altimore	Registration Dist. No. 95
Village or City Freeland, Md., Ren	Q. No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Many of rances	Maye
(a) Residence: No. Arellaced (Caual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) # (Day) (Year)
5a. If married, widowed, or divorced	V
(a) Illian Mr. William M Mays	22. I HEREBY CERTIFY. That I attended deceased from July - 29. 1936, to Quig. 1936
0.4.2.2.106	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, \$25, 15. 72 m.,
d (1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or particular	were as follows:
O kind of work done, as SPINNER, Transcript.	
9. Industry or business in which	(1 cuto Plus Fritz)
Work was done, as SILK MILL, SAW MILL, BANK, etc.	VIII JEMIS NOWS
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end spent in this / 3.	
o this occupation (month end 1430 spent in this occupation was a spent in the spent in this occupation occupat	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) Balternace 60,	Other Contributory Causes of Importance:
(State or country) Head	Super chien of Bowels.
13. NAME John The Palmer.	
13. NAME John TV: Palmer.	Name of operation Dete of
(State of country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Charlatte Criss. 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
E (State or country) Would become	Where did injury occur?
17. INFORMANT Learl a mayo	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18 BURIAL CREMATION OR REMOVAL	Manner of injury
Place for a far your Date Chief 4th, 1936	Neture of injury
P. Martin	
19. UNDERTAKER Jaul A Jauren Carlotte	24. Was disease or injury In any way related to occupation of deceased? No

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Registrar.

(Signed)

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1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FO	OR FURTHE	RSTATEMENTS	BY	PHYSICIAN
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SE 5 1936			
Other contributory causes of importance:	5.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA
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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

mation should be carefully supplied. AGE should be stated EXACTLY.

KLY, WITH

N. B.-WRITE PLA

ECHAS. Every item of infor-PHYSICIANS should state

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	-	90	
· County Ballima	el.	Registration Dist. No. 3)
Village or City Cationer	elle Spring	No. St., St., death occurred in a horpital or institution, five its NAME instead of street and nu	Ward
Length of residence in city or town where	death occurred3yrsmos	ds. How long in U.S. if of foreign birth?yrsmos	ds
2. FULL NAME #	Mullady	If U. S. Veteran, specify WAR	•••••••
(4) 11001001.1101	(Usual place of abode)	If nonresident give city or town and S	itate
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word)	21. DATE OF DEATH August (Month) (Day)	193 <u>6</u> (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	L. Mullady	22. HEREBY CERTIFY, That I attended do	ecaased from
6. DATE OF BIRTH (month, day, and year)	12/25/60	I last saw h an alive on August 15 , 1936;	death is sal
7. AGE Years Months	Days If LESS than	to have occurred on the data stated above, at 2 - 7 - m.	
75 8	// l day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:	Oate of onse
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Vanserife	Generalized Hiteriosclerous	182 6
9 Industry or business In which work was done as SILK MILL, SAW MILL, BANK, etc	11. Total time (years) Ac, spent in this Muk	Senility (With Payelow)	1932
12. BIRTHPLACE (city or town)	eachusetta	Other Contributory Causes of importance:	
13. NAME Wanta	Dadre		
14. BIRTHPLACE (city or town) - Box	ton Mass	Name of operation Avne Date of Date of	24
	7	What test confirmed diagnosis? Was there an au	Ropsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	aton Mara.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida? Date of Injury	, 19
17. INFORMANT Saspital	Records	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	X Data 7/17 196	Manner of injury	
19. UNDERTAKER (Address)	Party a	24. Was disease or Injury In any way related to occupation of deceased?	No.
20. FII,ED	71/1	(Signad) (Address) Catourelle rid.	M.

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10 .- The month and year the deceased last worked at the occupation.

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Example	0.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	61921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritònitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	CERTIFICATE OF DEATH 8079
1. PLACE OF DEATH	ase No
County Baltingare	Registration Dist. No. 43
Village or City Wuller for	NoBelair Road St., Ward
C V	f death occurred in a hospital or institution, give its NAME instead of street and number) s
1 Carried	MOUNTY U.S. Vejeran specify WAR. World War
2. FULL NAME Samuel Month	E Mash in the SC
(a) Residence: No 1609 Kowells Cl W. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male While married	(Month) (Day) (Yeer)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Corp.	22. I HEREBY CERTIFY, Thet I attended deceased from
" Thorns	any 23 , 1931 , to any 23 , 1936
6. DATE OF BIRTH (month, dey, end yeer)	I last saw h alive on 25 , 1986; deeth is seid
7. AGE Yeers Months Days If LESS than 1 dey,hrs	to heve occurred on the date steted above, atm.
4 - ormin.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importence were es follows:
8 Tradé, profession, or perticular Ned of with done, as SPINNER, Sawyer, Bookkeper, Surard	Deceased had heart trionble Type, not
9. Industry or business in which work was done, as SILK MILL. The Proof Office of	determined ; as not autopsy soot done.
SAW MILL, BANK, etc.	Cardene Fasting
	(Pound Seed)
yeer) occupetion occupetion	Other Contributory Couses of Importance:
12. BIRTHPLACE (city or town)	
(State or country) Comoglionna	- Her family physician advised him to bel
13. NAME MOUNT 14. BIRTHPLACE (city or town) Lagrange Mount	greet
14. BIRTHPLACE (city or town)	Neme of operation Dete of
	What test confirmed diagnosis?
I Icaknown	Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town)	Where did injury occur?
17. INFORMANT Clice In Mountz Mountz (Address & Garagence St. Wash &.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of Injury
Salarington Date Ligg , Logo	Neture of Injury
19. UNDERTAKEN PURCE SERVICE SOLDEN TONS (Address) 240/ Belance Road	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED. 8124., 1936 9 a Fritz M.D. Registrar.	(Signed) Sustant a Isat M. D. (Address) 6801 Bluss & Rd.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis - LIVED	1921	Run over by street car	1 week ago
Cerebral hemorrhage 23	July 5, 1927	Peritonitis	3 days ago
ADB 1936			Bar 123
A STATE OF THE STA			6
Other contributory causes of importance: 5.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	H	S	d
RGIN RESERVED F	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS	mation should be carefully supplied. AGE should be st	CAUSE OF DEATH in plain terms, so that it may be pi
3VI	E	pln	nay
SE	NK	sho	it r
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V. S. No. 1	E.		
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	MARYLAN	ID—CERTIFICATE OF DEATH
1. PLACE OF DEATH County Baltimore		37 (
Village or City Mt . Wils	on	Mt. Wilson Branch, Mo. No. Tuberculos is Sana for iumst, Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residance In city or town whare dea	th occurred 2 yrs 1	(If death occurred in a hospital or institution, give its NAME instead of street and number) Lmos25ds. How long In U.S. If of foreign birth?yrsmosds,
	E. Mullen	
	Hilton Str (Usualplace of abode)	eet St., Ward: Baltimore, Md. If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULAR	
Female White	SINGLE, MARRIED, WIDO OR DIVORCED (write the MATTIE d	
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Edward A	Mullen	22. I HEREBY CERTIFY. That I attended decaased from August 15th, 1933, to August 9th., 1936
6. DATE OF BIRTH (month, day, and year) Aug	gust 28th,	
7. AGE Years Months 30 11	Deys If LES f day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particuler kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Housewife	Pulmonary tuberculosis April
9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc		1923
10. Date daceased last worked at this occupation (month and year) 10 Known	ff. Total time (years) spant in this occupation 1	nowi
12. BFRTHPLACE (city or town) Baltimo (State or country) Marylar		Other Contributory Causes of importance:None
# 13. NAME George Hinden	ach	
H 13. NAME George Hinden 14. BIRTHPLACE (city or town) Balti (State or country) Maryl	more,	Name of operation NO Operation Date of What test confirmed diagnosis? X-ray, and Was there an autopsy? NO
# 15. MAIDEN NAME Anna Walt	ers	tubercle bacilli were found in sputte 23. If death was due to extarnel ceuses (VIOLENCE) fill in also the following:
f5. MAIDEN NAME Anna Walt f6. BIRTHPLACE (city or town) Balti (State or country) Maryl	more,	Accident, suicide, or homicide? Date of Injury, f9
67. INFORMANT Oring A Miles (Address) Mt. Wilso	huerholy	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	1 -/ -/	fg. 3 6 Nature of Injury
19. UNDERTAKER Dist Cons	van Hou	24. Wes disease or injury in approvay related to occupation of deceased? NO
20. FILEDS / 1956		(Signad) JOWY C. TWWW M. D. istrar. (Modreys) Mt. Wilson, Md. Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

0001

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of paportance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

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a plain terms, so t	nt. See instruction	The second name of the last of
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SE OF DEATH in plain terms, so t	I is very important. See instruction	
USE OF DEATH in plain terms, so t	N is very important. See instruction	
AUSE OF DEATH in plain terms, so t	ON is very important. See instruction	
AUSE OF DEATH IN plain terms, so t	10N is very important. See instruction	
CAUSE OF DEATH in plain terms, so that it may be properly classined. Exact statement of OCCUP.	TION is very important. See instructions on back of certificate.	

STATE	OF	MARYL	AND	CERT	IFICA	TE	OF	DEA	TH
						-			

8/182

1. PLACE OF DEAT	TH.	0 -	1	23	
Village or City	extind 1	Torche	ter Re	Registration Dist. No. St., death occurred in a horpital or institution, give its NAME instead of street and	Ward
Length of residence in cit	y or town where deat	h occurred			
2. FULL NAME	A	ea hl		c talner	
(a) Residence: No.	(derty)	(Usual place of	Ra (Va	St., Ward. If nonresident give city or town and	d State
PERSONAL AN				MEDICAL CERTIFICATE OF DEATH	
Female 14. COLO	FOR RACE 5.	SINGLE, MARRIE OR DIVORCED	D, WIDOWED, corice the word)	21. DATE OF DEATH (Month) (Day)	, 193 4 (Year)
5a. If married, widowed, or divo HUSBANO of (or) WIFE of	rced			22. I HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day		il9,19	109	I last saw h. ev alive on and co, 19.76	; death is said
7. AGE Years 2 7	Months 4		If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atCF_m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trada, profession, or pa kind of work dona, SAWYER, BOOKKEE	es SPINNER, PER, etc.	mane		Turarculosis Pul	34s
kind of work dona, SAWYER, BOOKKEE 9. Industry or business in work was dona, as SAW MILL, BANK, et al. 10. Date deceased last wor this occupation (more this occupation).	tc			, a.c.	
O 10-Date deceased last wor this occupation (mor year)	ked at ith and	11. Total tima spent i occupat	n this		-
12. BIRTHPLACE (city or town). (State or country)	Stashe	ugton	1. e.	Other Coutributory Causes of Importance:	
13. NAME 14. BIRTHPLACE (city or to	Hea P.	Palmer		luras at state Sanatorius/4x,	
(Stata or country)	wn) / Dal	to nu	7 -	Name of operation	au [†] opsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or to	rarcea Sur	to	t	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?	_
(Stata or Country)		Ma	2- ,	Where did injury occur? (Specify city or town, county and Sta	te)
17. INFORMANT Aug. (Address) Rills	ty HybRa	+ Morch	ich Rd	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR R	SPRING	Date 8-14	- ,1936	Manner of Injury	
19. UNOERTAKER	W. funst	wis fore	Eu	24. Was disease or Injury in any way related to occupation of deceased?	110
20. FILED. 13	axa elb	Buch	pent.	(Signed) NOW 2 No.	M. D.
1 200			Registrar.	(Address) 20 20 M equal	The same

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis AUG 31 1938	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUKEAU V. C				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

20 10 Charles St.

V. S. No. 1

STATE OF MARYLAND	-CERTIFICATE OF DEATH	083
1. PLACE OF DEATH	82-0	
County Salto	Registration Dist. No. 35	
Village or City Freeland (178)	No	War
Length of residence In city or town where death occurred 14 yrs	If death occurred in a hospital or institution, give its NAME instead of street and r	
2. FULL NAME Edith Florence	appeals.	
(a) Residence: No. Fresland, RS. W.	A .St. Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (write the word)	21. DATE OF DEATH	6.
Jeuste Mule Suglo.	(Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended	deceased fro
(01) WIFE 01	ling: 12 ,1936, 10 alleg: 16	19.36
6. DATE OF BIRTH (month, day, and year) Cuy 239/866.	I last saw to LN alive on all 4: 15 1, 1936	; death Is sai
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 3.4-0Pm.	
69 // 23 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onsai
8. Trade, profession, or particular kind of work done, as SPINNER, Sawyer, BOOKKEEPER, etc.	12 102 100 Part	
9. Industry or business in which	and asserted	1-7-1-8
work was done, as SILK MILL, SAW MILL, BANK, etc.	Cerebral Hamanaless.	0.12.
10. Date deceased last worked at this occupation (month and spent in this	Jest Maring C	7.50.52
year) occupation	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town)	-	
al O. D (Part of the state of t		
	Name of operation NOW.	W 4-24 A
14. BIRTHPLACE (city or town). The Country)	Maine of operation	MAR
15. MAIDEN NAME Courses da Harre Calin	What test confirmed diagnosis? Was there an a 23. If death was due to external causes (VIOLENCE) fill In also the following	-
	Accident, suicide, or homicide? Date of injury	
16. BIRTHPLACE (city or town) Freeland NO (State or country)	Where did injury occur?	,
17. INFORMANT Mussie Weinsteiner	(Specify city or town, county and Star Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/) ACE.
(Address) Freeland ma		
18 BURIAL, CREMATION, OR REMOVAL MISCE STATE CENTER OF CHIEF THE 1936	Manner of injury	
Trace Dalta Ca Just Date 1906	Nature of injury	74 :
19. UNDERTAKER Saul M. Harlenslery	24. Was disease or injury in any way related to occupation of deceased?	no
(Address) Now Freedown 99	If so, specify	
20. FILED	(Signed) Adamsille (Address) Adamsille	M. I
	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	AN
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V. S. No. 1

		OF MA	ARYLAN	D-	CERTIFICATE OF DEATH 808	54
1. PLACE C			-		210-7	
,	Baltimore				Registration Dist. No. 3 7	
Village or	City Pikesvi	lle,			No. St., death occurred in a hospital or institution, give its NAME instead of street and number.	_Ward
Length of re	sidenca in city or town w	hara death occurra	dyrs,	mos	sds. How long in U.S. If of foraign birth?yrsmos) ds.
2. FULL NA	ME Charle	s Erwin	Parson:	S	If U. S. Veteran, specify WAR	
	nce: No. 3860	Falls R			St., Ward. Baltimore, Md. If nonresident give city or town and State	
PERSO	NAL AND STAT	ISTICAL PA	RTICULARS	3	MEDICAL CERTIFICATE OF DEATH	
3. SEX male	4. COLOR OR RACE	OR DIV	MARRIED, WIDON ORCED (write the v arried		21. DATE OF DEATH August 5th, 1936 (Month) (Day) (Y	eer)
5a. If married, wido HUSBAND of (or) WIFE of	wed, or divorcad Nellie Ho	bbs Par	sons		22. I HEREBY CERTIFY, That I attended decease	ed from
		Assessed	96+h 10	77.4	, 19, to	
	(month, day, end year)				I last saw h; death to have occurred on the date stated above, atm.	1 Is said
	61 11	177	1 day,	hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
_ 8. Trade, prof	ession or particular		101		injunios duo to omuch-d	ofonset
Nind of SAWYE	work dona, as SPINNER R, BDDKKEEPER, atc.	heet me	tal con	trac	tor chest received in auto-	
9. Industry or	businass in which				mobile collision.	
	es done, as SILK MILL, ILL, BANK, atc	1 ,, ,	'atal time (uses)			
- 1113 000		5/36	otal time (years) spant in this occupation	40		
				- 3	Other Contributory Causes of importanca:	
12. BIRTHPLACE (c	city or town)	Limore,	Maryla	ng		
	Nathaniel	Parsons				
T	E (city or town) Bal				Name of operation	
(State o	or country)		1 1 1		What test confirmed diegnosis? Was there an autopsy	,10
15. MAIDEN N.	AMEWilliam.	Parson	arah. Hu	cks	23. If death was due to external causes (VIOLENCE) fill in also the following:	,
15. MAIDEN N.	E (city or town) Bal	timore,	Md.		Accident, suicida, or homicide agaident. Date of injury 8/5/	9.36
≥ (Stata o	country)	1			Where did injury occur? Near Pikesville (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	
17. INFORMANT(Address)		Sarso	Ralso	m	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. On public highway	
18. BURTAL, CREMA	LAW N QUE	tes Dal Co	us A	36	Manner of injury automobile collission	
V Flace. M. Dr.	11/11	Note:	11	1 J V.	Nature of injury Crushed chest	
19. UNDERTAKER	2 mg	mana	9		24. Was disease on injury in any way related to occupetion of deceesad? DO	
(Address)	1 sy Ja	ca jeg	00 0	0 1	(Signed) Mms / Healt, Proner	
20. FILED A U.C.	ــــــــــــــــــــــــــــــــــــــ	16.6	T- Cla	strar.	(Address) fikes is Up, had	W. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
(30) 0 50°	7		
Other contributory causes of innortance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis:	1 year
		in the second se	
			THE PARTY

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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car 'S 'A DESANTED	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		9081 2 das	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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V. S. No. 1

STATE OF MARYLAND—CERT	IFICATE	OF	DEATH
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SHEE

1. PLACE OF DEATH		(82-0)	7000
County Ballinione	A	Registration Dist. No.	
Village or City Stemmers	Kuss	NoSt,St,St,	Ward
Length of residence in city or town where death occurre		death occurred in a normal or institution, give in tVAIVIE, instead or street and no	
2. FULL NAME John John	Pare - 11		
	Character of the second	If-U.SVoteran specify WAR	10.00unmouse@dd
(a) Residence: No. Many (Usual	place of abode)	St., Ward. If nonresident give city or town and S	Hate
PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL CERTIFICATE OF DEATH	
OR DIV	MARRIED, WIDOWED, ORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193 6 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	tock	22. HEREBY CERTIFY, That attended d	eceased from
6. DATE OF BIRTH (month, day, and year) Oct. 2	-8-1868	1 last own heller alive on allege 18 1, 19	death is said
7. AGE Years Months Day	s If LESS than	to have occurred on the date stated above at 2	
68 10 10	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	211
Z 8. Trade, profession, or particular		or a DSI	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	rev	Cerebral Hemorrhage	14/36
9. adustry or business in which work was done, as SILK MILL,			
O this occupation (month and	Total time (years) spent in this		
year)	occupation	Other Coutributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	18		
CE 13. NAME GERALA !-	ohlangen		
13. NAME 14. BIRTHPLACE (city or town)		Name of operation Date of	
14. BIRTHPLACE (city or town)	iany	What test confirmed diagnosis? Clin - funding Was there an au	d Sweet
E 15. MAIDEN NAME Ceatherine	Baldurn	23. If death was due to external causes (VIOLENCE) fill it also the following:	
I	1	Accident, sulcide, or homicide? Date of injury	
16. BIRTHPLACE (city or town)	nous	Where did Injury occur?	
17. INFORMANT Mus. Barbara (Address) Tmarling ave	Halman	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	
18. BURIAL, CREMATION, OR REMAYAL		Manner of injury	
Place Sacreta / teast Date Co	mg 20, 1936	Nature of Injury	
19. UNDERTAKER JOHN J. Com (Address) Ray Mark	helly	24. Was disease or injury In any way related to occupation of deceased?	70
20. FILE (19 / 9 , 19 3 6) ohn 6	Tonnelly	(Signed) (Address)	ma M. D.
If more blanks are no		2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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- comment	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

state

of OCCUPA. pluods

STATE OF MARYLAND-	CERTIFICATE OF DEATH 8087
1. PLACE OF DEATH	
County Ballimore	Registration Dist. No.
Village or City (IF	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME mary Ceathering /	TRE If U.S. Veteran specify WAR
(a) Residence: No. Stehnmers Kan!	Red Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Dey) (Year)
HUSBAND of Milliane B. Popse	22. HEREBY CERTIFY, That ! ettended deceased from
6. DATE OF BIRTH (month, dey, and year) May 1864	I fast saw h; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, etm.
126 unk 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession or particular	Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Cerebral Hemorchage
10. Date deceased last worked at this occupetion (month end year)	<i>V</i>
12. BIRTHPLACE (city or town) Baltimore (State or county)	Other Contributory Canses of Importance:
E 13. NAME Coserale Shittons	

FATHER 14. BIRTHPLACE (city or fown (State or country) MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town)

(Stete or country)

17. INFORMANT (Address) 18. BURIAL CREMA

19. UNOERTAKEI

(Address

Registre

Nature of injury 24. Was disease or injury in any way related to occupation of deceesed?

23. If deeth was due to externel causes (VIOLENCE) fill in also the following:

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

What test confirmed diagnosis?_____

Accident, suicide, or homicide?_____

Where did injury occur?_____

If so, specify (Signed) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V.S. No. 1.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilen of St. A Comment	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis LT TAW	3 days ago
041		CHAMAN	
Other contributory causes of importance:	ACCOUNT.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis .	1 year

ADDITIONAL SPACE FOR FU	URTHER S	STATEMENTS	BY	PHYSICIAN
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certificate.

TION is very important. See instructions on back of

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OCCUPA-

1. PLACE OF SEATH	(59)
County Ratto Co. 1	Registration Dist. No. 30
Village or City Catourville Pak	ND. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME / Junuel J. Kart	If U. S. Veteran, specify WAR
(a) Residence: No. 9 Churles (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH .
SEX 4. COLON OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (genite tha wind)	21. DATE OF DEATH 20 , 193 (Mond) (Day) (Year)
5a. If married, widowd, or divorced HUSBAND of Coast Se (or) WIFE of reduced Se Cast Se	22. I HEREBY CERTIFY, That I attended daceased from any 17 1936 to Gues 20 1936
6. DATE OF BIRTH (month, day, and year)	DI last saw h Que alive on Our 19 5 , 1936 ; death is said
7. AGE Years Months Days If LESS that I day,	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8 Trade profession or particular	Deslela mellela 24
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	Consider 20.
10. Date deceased last worked et this occupation (month and year) 11. Total time (years) spent in this occupation occupation	
12. BIRTHPLACE (city or town) Salto Co — What Country)	Other Contributory Causes of importance:
13. NAME A OTUS Stelle	
13. NAME OUR STEEL	Name of operation
(State of country)	What test confirmed diagnosis? Clin & Fell Was there an autopsy?
15. MAIDEN NAME // A GLOVE WATERS 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or separatry)	Accident, suicide, or homicide?
17. INFORMANT PRESENCE & Jaak A	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, OREMATION OF REMOVAL Place O'LLOW ONLY Date 77 19 34	Manner of injury
19. UNDERTAKER LO QUI, METALLICE (Address)	24. Was diseasa or injury In any way related to occupation of decaasad?
20. FILED aug 22, 1936 Maulale B lesst	(Signad) marsfall B livest M.D. (Address) Calourselle and

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Chronic interstitial nephritis SEP 2	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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NE	CI	ifie	
MA	A	ass	
ER	EX	V C	te.
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IS	e	e I	je ce
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- Ja	0	E	pa
INK-	sho	t it m	on ba
G INK-	GE sho	that it m	ns on ba
JING INK-	AGE sho	so that it m	ctions on ba
FADING INK-	ied. AGE sho	ns, so that it m	structions on ba
UNFADING INK-	ipplied. AGE sho	terms, so that it m	instructions on ba
H UNFADING INK-	supplied. AGE sho	in terms, so that it m	See instructions on ba
VITH UNFADING INK-	ully supplied. AGE sho	plain terms, so that it m	it. See instructions on ba
, WITH UNFADING INK-	arefully supplied. AGE sho	I in plain terms, so that it m	tant. See instructions on ba
ILY, WITH UNFADING INK-	e carefully supplied. AGE sho	ATH in plain terms, so that it m	portant. See instructions on ba
AINLY, WITH UNFADING INK-	d be carefully supplied. AGE sho	OEATH in plain terms, so that it m	important. See instructions on ba
PLAINLY, WITH UNFADING INK-	ould be carefully supplied. AGE sho	F DEATH in plain terms, so that it m	very important. See instructions on ba
TE PLAINLY, WITH UNFADING INK-	should be carefully supplied. AGE sho	E OF DEATH in plain terms, so that it m	is very important. See instructions on ba
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	ION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08726
1. PLACE OF DEATH	8
County 12 attempte	10 6 x 70 3 Registration Dist. No.
Village or City Sparrows Point Coursell	No. Herr Battle Grave. St Ward
Length of residence with or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foralgn birth?
2. FULL NAME Baly toy Paynor.	If U. S. Veteran, specify WAR
(a) Residence: No. Scend as Jahan	Cst., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR QR, RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male word OR DWORCED (ruppe the word)	(Morth) (Day) (Year)
5a. If married, widowad, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended daceasad from
Pur 5 1931	, 19, 10, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oeys If LESS than	I last saw h
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profassion, or particular	ware as follows Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	A A A A A A A A A A A A A A A A A A A
SAWYER, BOOKKEEPER, atc 9. Industry or business In which work was done, as SILK MILL,	
SAW MILL, BANK, etc.	
Spoilt in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	premature 3/2 moulls.
(State or country).	
14. BIRTHPLACE (city or town) Baltimory	
14. BIRTHPLACE (city or town) 10 allumbully (State or country)	Name of operation Oate of
	What tast confirmed diagnosis? Ex all. Was there an autopsy? NO
16. BIRTHPLACE (city or town) Reliang	23. If daeth was due to external ceusas (VIOLENCE) fill In also tha following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Volum Hop lins to Diff King 3, 1936	Neture of injury
19. UNOERTAKER	24. Was disaasa or Injury in any way related to occupation of decaased?
(Addrass)	If so, spacify
20. FILED US 8 , 1936 9 A AM COMICS M. Registrar.	(Signed) Jours M. Valler M. O. (Address) As arrows Pt. Ma
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore Requesting V. S. No. 1.

V. S. No. 1

N. B.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Cerebral hemographics	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

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Ex	ample I		Example II	
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Arteriosclerosis	1 g m m + q ?	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1	1921	Run over by street car	1 week ago
Cerebral hemorrhage	ALG 26 MEG	July 5, 1927	Peritonitis	3 days ago
	CELAED	a		
Other contributory causes	of importance:	7 5	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH			200
Countyalu	imore	Registration Dist. No	30
Village or City	erurlle (H	No. Morros Ceve death occurred in a hospital or institution, give its NAME instead of	St.,Ward
Length of residence In city or town where	death occurred 60 yrs 0 mos	ds. How long in U.S. if of foreign birth? 7 1 yrs	9 mos 20 ds.
2. FULL NAME James	a Fouder (reese .	
(a) Residence: No.	(Usual place of abode)	St., Ward. Whereve	or town and State
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF D	EATH
3. SEX 4. COLOR OR RACE Male 5a. If married widoward or divorted	5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	y) (Yaar)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of OUSSE M	Como Reese	1 HEREBY CERTIFY, That 3 1936 to day	7 1936
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	19-1860 bays If LESS than	I Jabl saw h All alive on alive on	, 19 2; death is said
700 9	1 day,hrs.	to have occurred on the date stated above at m. The PRINCIPAL CAUSE OF DEATH and related causes of impo	ortanca
2 8. Trade, profassion, or particular	ormin.	were as follows: Arterio acterosis	Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Janking	Nephritis Chronie	1990
Industry or business in which work was done, as SILK MILL	1- Cart Al	Arterioscleyosis, Cerebral	Jan 1, (130
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and yaar)	11. Total time (years) spent in this occupation	Uremia.	ang 5 (93
12. BIRTHPLACE (city or town) (State or country)	Bullingon	Other Contributory Causes of Importance:	
13. NAME (Anelogia)	Ruse		
13. NAME (Modern) 14. BIRTHPLACE (city or town) (State or country)	celimore	Name of operation. None	Dete of
	mana.	Whet test confirmad diagnosis? We	
I away	Join	23. If daath was dua to externel causes (ViOLENCE) fill in also t	
State or country)	ulumore.	Accident, suicide, or homicida?	jury, 19
17. INFORMANT Dousall	MRUSE-Ceife	(Specify city or town, cou Specify whether injury occurred in INOUSTRY, in HOME, or In	inty and State) PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Transport Sally	Mapate aug-10/1936	Manner of Injury	•
19. UNOERTAKE TELWONNE (Aportess) 08 W 77	Marin Byber	24. Wes disease or injury in any way related to occupation of de	ceasad? No
20. February 9 , 36 W	MARIL / AR/ TON Registrar.	(Signad) demett 4 At	M.D.
/ If more	blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the dcceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitiol nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage RIKEAU V.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	· · ·	Registration	Dist. No. 43	
No			CA	Mord
f death occurred in a ho				
// /			yrs	mosds.
	teran specify	WAR		
noave. W	ard.	16	give city or town	10.
MF	DICAL CE		OF DEAT	
21. DATE OF		THE TOATE	. O. DEATI	-
		ang.	16	193.6
-		(Month)	(Day)	(Year)
22. I H	EREBY	CERTIF	Y, Thet I etten	ded deceased from
	, 1	9, to		, 19
I last saw h	_ aliva on		, 19	; deeth is said
to have occurred on				
The PRINCIPAL CA				Date of onset
Passible	suff	exteri	P	Date of offset
entern	of apr	war,		
accidental	by suffer	ted by t	ed-clothea g	atting
nes its f	Les, C	where	0	
Other Contributory	Causes of import	ance:	. , , , ,,	
Child had	elwayer be	ear an selet	sease healt	3.000
- Jantically				
able to a	ų.			
Nama of operation				
				an autopsy?
23. If deeth was dua				
-		cerdent	Date of injury	, 19
Where did injury of Specify whether inj	cur?	(Specify city o	r town, county and	State)
Specify whether inj			OME, or in PUBLI	C PLACE.
		n home.	41001	0 H
Mannar of injury	Clecidentall	y suffee	led - by led	-closinesis
Neture of injury				
24. Was disease or i	njury in any way	y related to occu	pation of deceased	?
If so, specify	1	UR.	7-1-0-	·p
(Signed)	elust 1	, ugu	2/1	
Addre	is)	71 C N	7 mil	
A A A A BI Charles Stune	Maltermone Dear			

Registrar.

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Es	kample I	1	Example II	
The principal cause of dea of importance were as follows: Arteriosclerosis	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 26 193	July 5, 1927	Peritonitis	3 days ago
	BUREAU V.	5.		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
	h*			

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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of OCCUPA-

STATE OF MARYI AND-CERTIFICATE OF DEATH

8	11	0	0
0	U	J	0

1. PLACE	OF DEATH			(23)		00
County	Baltimor	е	1-0		Registration Dist. No.	28
Village of	r City Jourson	md.	(1		tion, give its NAME instead of street an	Ward
Length of	residence in city or town where	deeth occurred			f foreign birth?yrs	
2. FULL N	NAME Betty	ann	Phodes	If U.S. Veteran ape	cify WAR	
(a) Resid	dence: No. 135/11/	(Usual place	,	St.,Ward.	If nonresident give city or town a	dond State a.C.
PERSO	ONAL AND STATIST	ICAL PARTIC	CULARS	MEDICAL C	ERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE		RIED, WfDOWED, (write the word)	21. DATE OF DEATH	gust (Month) (Day)	, 193 (Year)
5a. If married, wie HUSBAND o (or) WIFE of	dowed, or divorced of			22. I HEREBY	CERTIFY, That I attended, 19) 6, to Curry 11	
6. DATE OF BIRT	TH (month, day, and year)	pril9.	1930	H .	accey 1, 193	
7. AGE	Years Months /	Days	If LESS than 1 day,hrs. ormin.	the state of the s	ed above, & LO: USB. M.	
8. Trade, pr	ofession, or particular of work done, as SPINNER, YER, BOOKKEEPER, etc.		1 01	well as lullows.	1 1 1	Oate of onset
9. Industry	or business in which wes done, as SILK MILL, MILL, BANK, etc.			Oulm u	nay peterallo	6
O this o	eased last worked at occupation (month and	11. Total ti span	me (yeers) t in this pation			11936
12. BIRTHPLACE	(city or town)	repole	,	Other Cautributory Causes of Imp	ortance:	
	Rulph 1	hodes				
	ACE (city or town)	Carolu	· ix		Date of Was there a	
15. MAIDEN 16. BIRTHPL	NAME aluel	- Klin	9	23. If death was due to external ca	uses (VIOLENCE) fill in also the follow	/ing:
16. BIRTHPL	ACE (city or town) U A	.65. 1	ma.		Date of injury	, 19
History History	e or country) 7 and Hospita			Where did injury occur? Specify whether Injury occurred I	(Specify city or town, county and S n INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
	d Sanatorium	. Towsor				
Place	MATION, OR REMOVAL	Date aug	12 36	Manner of injury		
19. UNDERTAKER (Address)		Defor.	1		vay related to occupation of deceased?	
20. FILE	414 3011	Mills	Registrar.	(Signed) Q . H. J	ichesteire.	M. D.
	/If more	blanks are needed, a		2411 N. Charles Street, Baltimore, R		

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DI	Example II	
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1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1931 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

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Chronic interstitial nephritis AMG	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	
	Mug1,1929	ousi venteruts	1 year

infor- state UPA-	THE RESIDENCE OF THE PROPERTY	-CERTIFICATE OF DEATH 8034		
	1. PLACE OF DEATH	(156-20) × 38		
tem of should of OCC	County Baltimore	Registration Dist. No. 20		
shou of o	Village or City EUDOWOOD SANATORIUM, TOWSON			
ry in	Length of residence in city or town where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmosds		
Every MANS Ement	2. FULL NAME annie Sertrude	Riley Pr		
CORD, Every PHYSICIANS ict statement	(a) Residence: No. 6/6 Parke ave	St., Ward.		
HY St	(Usual place of abode)	If nonresident give city or town and State		
RECCO. PH	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE. MARRIED. WIDOWED	MEDICAL CERTIFICATE OF DEATH		
F	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	august 20, 1936		
INC NEI CT ified	5a. If marriad, widowed, or divorced HUSBAND of			
MA A A ass	(or) WIFE of	22. I HEREBY CERTIFY. That I attanded decased from		
H	6. DATE OF BIRTH (month, day, end year) Dec. 4. 1869	Hart saw h / M alive on man 22 1036		
R P	7. AGE Years Months Deys If LESS that	n to have occurred on the date stated above, at		
FOR B. IS A PE stated E properly certificate	66 8 /6 1 day,	water as fullows.		
- 70	8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc.	Date of onset		
TED THIS d be y be k of		arteriszelerosus		
K-T fould may back	9. Industry or business in which work was done, as StLK MILL, SAW MILL, BANK, etc	Chronic Myo Cardities		
RESERVED G INK—THIS GE should be that it may be		Juliand T.Ble. Right dung		
REST ING I AGE to that	year) 1424 occupation 600	Other Contributory Causes of importance:		
GIN 'ADIN led. As, so truction	12. BIRTHPLACE (city or town) Savannah Norge (Stata or country)	a		
RGIN RI NFADING oplied. AGI erms, so tha	Charles D. F. P.O	- Isacture Rt hip; Potient fell out		
9 5 4 °		of ledg while in a delivious condition. Curso		
O = 0	14. BIRTHPLACE (city or town)	Neme of operation Data of		
	15. MAIDEN NAME Mary Mc Trine	What test confirmed diagnosis? Was there an eutopsy? 23. If death wes due to external causes (VIOLENCE) fill in also the following:		
L	16. BIRTHPLACE (city or town) Italiand	Accident, suicide, or homicide? _ Quedent _ Date of injury 19		
AINLY, d be ca DEATH	(State of County)			
Id h	Hospital Records, Personal Histo.	Where did injury occur? Stranson, Bultimore County and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
E PLA should OF D	Eudowised Sanatorium, Towson, Md. 18. BURIAL, CREMATION, OR REMOVAL	In hospitale Endoward Sanatorium/		
E S S S S S S S S S S S S S S S S S S S	Place Cathedral Dete 8/34/36,19	Menner of injury Fell out of teda		
-WRITE mation s CAUSE TION is	Q Q Raling of	Nature of injury		
	19. UNDERTAKER (Addjess)	24. Was disaase or injury in any way related to occupation of deceased?		
S. No.	(111 and 3th 11/llee Al) h 1 Ha	If so, spacify (Signed) (Signed) M. D. J. Bridger M. D. D. Bri		
> z (1)	20. FILED CONTROL OF THE REGISTRES.			
	If more blanks are needed, address State Registr	rar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8095
1, PLACE OF DEATH	93-0
County Boltemore	Registration Dist. No.
Village or City Catonerillo Spring	No. Franc Sospital St. Ward
) 0 (11)	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME William C Rose	If U. S. Veteran, specify WAR None Lawren
(a) Residence: No pring dance the control	St., Ward. 6078, Curley St. Baltimore
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED. WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	Fusuat 23 193 6
5. It mid the desired	(Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. / I HEREBY CERTIFY, That I attended deceesed from
(or) WIFE of Unknown	11/7/ 1924, to 8/23 ,19.36
6. DATE OF BIRTH (month, day, and year) Unknown	I last saw h eine elive on 8/23 ,1936; death is sald
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at \$ 50 m.
yay? Maknun Horkman or min.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:
R Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc.	Chronic Mysocardition Only 36
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Generalized Asteriorclerain 1924
SAW MILL, BANK, etc	Senditz with perychonia 1924
O this occupation (month and spent in this occupation occupation	
Jour Jour Jour Jour Jour Jour Jour Jour	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
I WWW.	1/2
4. BIRTHPLACE (city or town) // (State or country)	Name of operation Date of
	What test confirmed diagnosis? Wester en eutopsy? No
	23. If death was due to external causes (VIOLENCE) fill In elso the following:
O 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?/
(Scale of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT LEORISM PCIONES. (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL REMATION, OF REMOVAL O	Manner of Injury
Delle June Som Hort Date /25 1939	Nature of injury
f Cents	10/2
19. UNDERTAKER Christy Christ	24. Was diseaso or injury in any way related to occupation of deceased?
81 7/110	(Signed) Silas or melturer M.D.
20. FILED Of 19, 19	Oct wed

If more blanks are negati, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	mines C	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis SEP 2 1996	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
SUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	8091
County Ballimore.	Registration Dist. No.
Village or City Halethorge .	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary by Sche	elec If U.S. Veteran specify WAR
(a) Residence: No. 58 July Que (Usual plate of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the 1997d) Lindu White State (1997d)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of Gory WIFE of Harry Scheeler.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Tell 9 1898.	Mast saw her alive on aug 22, 193 4, death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5G.m.
S I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Brock at artha
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this sec	anna
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Thus York (State or country)	Other Contributory Canses of importance:
13. NAME Patrick mc Enter.	
13. NAME (Falrull Mc Enter) 14. BIRTHPLACE (city or town) Sulaung. (State or country)	Name of operation Date of Was there an autopsy? 7-4
15. MAIDEN NAME Unknown.	23. If death was due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Landanoun' (State or country)	Accident, suicide, or homicide?
2 (State or country) 17. INFORMANT Description House. (Address) 5 F January (Live)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMOON, OR FEMOVAL Date lift fle 1936	Manner of injury
19. UNDERTAKER Offenson (Address) 36/5-17 Chiefmat fave	24. Was disease or Injury In any wey related to occupation of deceased?
20, FILED lug 35, 19. 3 & De Spelle for	(Signed) A O WELL TO TAY THE M. D. (Address) 12/4 27 Tay The
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage SEP 3 1936		July 5, 1927	Peritonitis	3 days ago	
	BURGALL V.S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

1. PLACE OF DEATH	MARYLAND—	CERTIFICATE OF DEATH	3038
R	+1	(83)	4
County	umou	Registration Dist. No. 4	2 July 20
Village or City 1 et a	4	No. St. / f death occurred in a hospital or institution, give its NAME instead of street and	3 Was
Length of residence in city or town where death			
2. FULL NAME, Harvild X	Can tell Ich	midt	
	and the second	la The pub. 12th A'S	
(a) Residence: No. Walk Law	(Usual place of abode)	If nonresident give city or town ar	ad State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Male Wilite	OR DIVORCED (write the word)	(Month) (Day)	, 193. (Year)
5a. If married, widowed, or divorced HUSBAND of	Û		******
(or) WIFE of		22. I HEREBY CERTIFY, That I attende	
0+	1. 10 1022	, 19, to	
AGE Years Months	Days If LESS than	I last saw h	; death is s
12 O	1 day,hrs.	to have occurred on the date stated above, at	1
10 1 7 1	40 ormin.	were as follows:	Data of on
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Voul	Drowning	
9. Industry or business In which	A	(accolation)	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	loud		
10. Date deceased last worked at this occupetion (month and	11. Total time (yeers) spent in this		
year)	occupation	Other Control of important	
12. BIRTHPLACE (city or town) Baltin	rock,	Other Contributary Causes of importance:	-
(State or country)	ma.	4	
13. NAME Hiderick Will	an selmed		
14. BIRTHPLACE (city or town) Bulti	more,	Neme of operation Date of	_
(State or country)	Wa!	What test confirmed diagnosis Proceedings there are	autopsy?
15. MAIDEN NAME Thurlotte 16. BIRTHPLACE (city or town) Bulk	Derr	23. If death was due to external causes (VIOLENCE) fill in also the following	ng:
16. BIRTHPLACE (city or town) Balt	imore.	Accident, suicide, or homicide? . Caraderoste of Injury	, 19
(State or country)	Mdi	Where did injury occur?	
17. INFORMANT Frederick Will	law Selimid	(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE
(Address) Halethyn	my md.	Private a owned por	-
18. BURIAL, CREMATION, OR REMOVAL	11/1/1	Manner of injury Discours while a	Liverm
Place houden one D	ate 1/0/30,19	Nature of injury	
19. UNDERTAKER Harry H. Com	tube	24. Was disease or injury in any way related to occupation of deceased?	20
(Address) 4/0/1 Ednesad	aon aux	If so, specify	
20. FILED 149 6 1936 See	tio la	(Signed) B. B. Grandon (Cy M
	Kigistrar.	(Address) HAR CALLANDER POR	EAN-1-A-
If more blank	s are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

	-10					
ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

	Se	PLACE OF DEATH	STATE OF MARYLAND
	¥₩ /	County Ballo.	CERTIFICATE OF DEATH
M	r, Pi	County	Registration Dist. No. 30
CORD	EXACTL y classifi	Village or City Pikes ulle . (No	St.: Ward) (If death occurred is a hospital or institution, givo its NAME in stead of street an number.)
THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	ated	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NANEN	id be sta ay be pro pack of c	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH august 24, 1936. Guynt (Month) 24 (Day) 1936 (Year)
R BIND A PERN	ACE shou that it ma tions on h	S DATE OF BIRTH Syd (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1920 to 2 4 1936 that I last saw h American 1926
RVED FO	supplied. An terms so the See instruction	7 AGE 82 yrs. // mos. / ds. or min.? a occupation (a) Trade, profession or particular kind of work 7 AGE 1 If LESS than 1 day hrs. or min.?	The CAUSE OF DEATH * was as follows:
SIN RESE ADING IN	e carefully ATH in plai mportant.	(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Curoll Co- Md	Contributory Claracton Myo Contributory Secondary (Durstion) 6 yrs mos do
MARK WITH UNF	on should b	10 NAME OF Wolf Q. Schwarz 11 BIRTHPLACE OF FATHER (State or country) W	(Signed) Jalue FC William M. I. and 24 1926 (Address) Records. Ind *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
AINLY,	Information of state CA	12 MAIDEN NAME Pulses high. 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Transients or Recent Residents) At place of death
WRITE	should	(Informant) (Address) (Address) (Address) (Address) (Address) (Address)	Former or usual residence
S. No. 1	BEvery CIANS	15 Filed Aug 24 1936 6 B. Registrar	20 UNDERTAKER LONG HONGESS ADDRESS NO. 1. 1901
>	12	If more bianks are needed, address State Registrat	r, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewije, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (see or given up on account of the DISEASE CAUSING DEAFIL Housemaid, etc. If the occupation has been charged gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Physician, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, For persons who have no occupation (a) the kind of work and also (b) the Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the NEE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted the time and causation), using always the same accepted the time and causation), using always the same accepted the time and causation), using always the same accepted the time and causation) is "Epidemic cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

ed in detail, it will prevent further correspondence.

essential and must be obtained before the certificate is

stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping cough; taken. FOR VIOLENT DEATHS state MEANS OF INJURY "Uracmia," "Weakness," etc., when a definite disease arbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head—homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, anus) may be stated under the head of "contributory." ecommendations on statement of cause of fracture of skull, and consequences (e.g., sepsis, roved by Committee on Nomenclature erican Medical Association.) his certificate is looked over thoroughly and all questions "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as or intercurrent) affection need Chronic etc. The contributory valvular heart disease; not be

X	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY_PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	RECORD.	PHYSI	Exact sta	
ARGIN RESERVED FOR BINDING	PERMANENT	d EXACTLY	erly classified.	cate.
D FOR	IS IS A	be state	be prope	of certifi
RESERVE	IG INK-TH	GE should	that it may	ons on back
ARGIN	VITH UNFADIN	ully supplied.	plain terms, so	TION is very important. See instructions on back of certificate.
•	E PLAINLY, V	should be caref	E OF DEATH in	is very importar
V. S. No. 1	N. BWRIT	mation	CAUSE) TION !

V. S. No. 1

1. PLACE (SIAIL OF DEATH	OF MAR	YLAND—	CERTIFICATE	OF DEA	(IH	8036
County	Baltimore			183)	Pagistration	Diet No 4	4.
Village or	Village or City Dundalk			Registration Dist. No. No. St., War f death occurred in a hospital or institution, give its NAME instead of street and number)			
2. FULL N	AME James	W.Schez appollo (Usual place	rer Street	St., Ward.		give city or town a	
	NAL AND STATIS	TICAL PART	ICULARS		ERTIFICATE	OF DEATH	
Male Male	4. COLOR OR RACE White	5. SINGLE, MAI	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	1st (Month)	23rd	, 193 (Year)
5a. If married, wide HU3BAND of (or) WIFE of	owed, or divorced			22. I HEREBY			d deceased from
6. DATE OF BIRTH	(month, day, and year)	March I5	th, 1932	I last saw h alive on			
	ears Months 5	Deys 8	1 LESS, than	to heve occurred on the date stete The PRINCIPAL CAUSE OF DEAT were as follows:	d ebove, at	m,	Date of onset
9, Industry of work w SAW 10. Date deced	fession, or particular work done, as SPINNER, ER, BOOKKEPPER, etc r business in which ras done, as SILK MILL, ILL, BANK, etc seed lest worked at cupation (month and	None	time (yeers) ent in this upation	Accidentia There was not to Child was taken to mother to play in the sight of him in the	st involve Ba Dundale Ba Le watere H Le croud, be	thing Beach, the mothery	ty his
12. BIRTHPLACE ((State or co	untry) Mary			Other Contributory Causes of impo	io was di	ring . 2 . four	d tha
13. NAME G	ordon Schea CE (city or town)Pen or country)			Name of operation	<i>V D</i>	Dete of	
4	42			What test confirmed diagnosis? 23. If death was due to externel cau			
15. MAIDEN N 16. BIRTHPLAI (State	CE (city or town)¥.±	rginia		Accident, suicide, or homicide?	ceident	Date of injury	, 19
The state of the s	504 Rappoll		(Mother)	In Judice Place	undalk Bo	ME, or in PUBLIC 1	PLACE.
18. BURIAL, CREMA	1 timo re Cem	Aug Aug	3.26th, 19				
19. UNDERTAKER	/ ************************************	th, Inc.	John	24. Was diseese or Injury in any w	ay related to occup	ation of deceesed?	2
20. FILED	436,19	1160	Registrar.	(Signed) (Address)	eurda	y co.	md.
	If mor	e blanks are needed,	address State Registrar.	2411 N. Charles Street, Baltimore, Re.	questine 7) S. No.	,	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SET V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA
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PHYSICIANS should state

stated EXACTLY.

AGE should be

mation should be carefully supplied.

certificate.

Exact statement of OCCUPA-

item of infor-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of

TION is very important.

	MINITA
	PLAIN
	WRITE
S. No.	F.B.

STATE OF MARYLAND-CERTIFICATE OF DEATH

8100

1. PLACE OF DEATH						(23)	
County Baltimore						Registration Dist. No.	2
Village or City Mt. Wilson					/1	Mt. Wilson Branch, Md. No. Tuberculosis Sana toriumst, f death occurred in a hospital or institution, give its NAME instead of street and n	Ward
	Langth of resi	dence in c	ity or town where o	daath occurred	O_yrs1_mos	sO.ds. How long in U.S. if of foreign birth?yrs	umber)
-	2. FULL NA	ME	Dougla	s S. Se	l by	If U. S. Veteran, specify WAR Carroll	_
	(a) Residen					st., Ward. Marriottsville, M.	
-	BERGON	AI AN	D CTATICE	(Usual place		If nonresident give city or town and	State
-	SEX		R OR RACE	1		MEDICAL CERTIFICATE OF DEATH	
	Male	W	hite	OR DIVORCE	RIED, WIDOWED, D (write the word) Pied	21. DATE OF DEATH August 9th, (Month) (Day)	1936 • (Yaar)
5a	HUSBAND of (or) WIFE of	ed, or div		zel Sel	by	22. I HEREBY CERTIFY, That I attended of July 9th, 19 36 to August 9th	leceasad from
	DATE OF BIRTH	manth da	Ma.	rch 9th	. 1912	lest saw h. im. aliva on. August 9th, 19 36	
	AGE Yee		Months	Days	If LESS than	to heve occurred on the dete stated above, et 10.15 P m.	; death is said
	2	4	5	0	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance wera es follows:	
-	8. Trade, profes	sion, or p	articular			wera es ronows.	Dete of onset
02	SAWYER,	ork done, BOOKKE	es SPINNER, PER, etc	Haulin	WE	Pulmonary tuberculosis	Jan.
Sind of work done, es SPINNER, Hauling SAWYER, BOOKKEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased lest workad at this properties (means and the properties (means and the properties) Un-						1934	
10. Date deceased lest worked at this occupation (month and year) 11. Total time (years) Un-spent in this occupation known occupation known				11. Totel t spe	ime (years) Un- nt in this upation Known		
12. BIRTHPLACE (city or town) West Friendship,					hip,	Other Contributory Causes of importance: Intestinal tuberculosis June	1936
(State or country) Maryland.						Laryngeal tuberculosis July	1936
HE	13. NAME	Alo	nza Sel	DA		A	
FATHER	14. BIRTHPLACE (Stete or		Mary	rton, land.		Neme of operation Appendectomy Neme of operation Date of Date	urne 1936
					ld,	23. If death was dua to external causes (VIOLENCE) fill in elso the following:	sputu
15. MAIDEN NAME Daisey Stansfield, 16. BIRTHPLACE (city or town) West Friendship, (State or country) Maryland.					ship,	Accident, suicide, or homicide? Date of injury Whera did injury occur?	
17. INFORMANT Jours A. Walson, Md.					ly	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	CE.
18. BURIAL CREMATION, OR REMOVAL BULL Deta aug 12 19 36					912,1936	Manner of injury	
19. UNDERTAKER & Easton & ous						24. Was disease or injury in any way related to occupation of decaasad?	0
-	(Addrass)	- Les	end a	5		If so, spacify	
20. FILED 8/11/ , 1936 66 Michals				nuch	Registrer	(Signed) Mt. Wilson, Md.	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Village or 649. Ward.	1. PLACE OF DEATH	
Village or 649. Langth of residence in city or town where death occurred. Vis. 2. FULL NAME. A COLOR OR RACE S. SINCE, MARKE AND STATISTICAL PARTICULARS 3. SEL 4. COLOR OR RACE S. SINCE, MARKE AND STATISTICAL PARTICULARS 3. SEL 4. COLOR OR RACE S. SINCE, MARKE AND STATISTICAL PARTICULARS 3. SEL 4. COLOR OR RACE S. SINCE, MARKE AND STATISTICAL PARTICULARS 3. SEL 4. COLOR OR RACE S. SINCE, MARKE AND BOYON OR DUDORCED (perfect has word) OR DUDORCED (perfect has word) OR DUDORCED (perfect has word) C. DATE OF BIRTH (month, day, and year) OR DUDORCED (perfect has word) A COLOR OR RACE S. SINCE, MARKE AND STATISTICAL PARTICULARS 3. II married, widowed, or diversed (Month) (Day) (Day) (Month) (Day) County Ballinie	Registration Dist. No. 35	
Clif death occurred in a horpital or institution, give its NAME instead of trees and number)	Village or Gity White. Hell Ind.	N-
2. FULL NAME (a) Residence: No. What I shall sh	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE OR DUDGED frame the word) 5. If marriad, widowed, or divorced 1008/MND of 1009/NTC of	Langth of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE OR DUDGED frame the word) 5. If marriad, widowed, or divorced 1008/MND of 1009/NTC of	2. FULL NAME Shelma Evelyn &	haffer
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIDDREED, MARKELD, WILDOWED, OR DIDDREED, Growth the word) 5a. If marriad, widowed, or divorced United and William (Month) 5b. Lift marriad, widowed, or divorced United and William (Month) 5c. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days 11 LESS than I day		
2. SINGLE, MARRIED, WILDOWED, OR BUYORCED Jurise the word) 53. If married, widowed, or divorced (cr) wife or		
Sa. If married, widowed, or divorced (Month) (Day) (Month) (Mo		
58. If matriad, widowed, or divorced (cr) wife of (cr) wi		
HUSBAND of (or) wife of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 2 21 11 LESS than 1 day,	wh single	
6. DATE OF BIRTH (month, day, and yaar) 7. AGE 7. AG	HUSBAND of	22 I HEDERY CERTIES. The Lathester description
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days ILESS than O 1 day,	(or) WIFE of	// // 5/
T. AGE Veers Months Days If LESS than 1 day,	6. DATE OF BIRTH (month, day, and year) Turker 26, 1936	
8. Trada, profession, or particular with our min. 8. Trada, profession, or particular min. 9. Indicated work done, as SPINNER, SAWYER, BDDKKEPER, atc. 9. Indicated work done, as SPINNER, SAWYER, BDDKKEPER, atc. 9. Indicated work done, as SPINNER, SAWYER, BDDKKEPER, atc. 10. Date deceased last worked at pent in this occupation (month and year) 11. Total time (years) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR KEMOWAL Place 19. UNDERTAKER (Address) 19. Or This day, and a second importance were as follows: 19. Undertaker (Address) 19. Or This day, and and causes of importance were as follows: 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. Or This day, and an and provided importance were as follows: 19. UNDERTAKER (Address) 19. Or This day, and an and provided importance were as follows: 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. Or This day, and an and provided importance were as follows: 19. UNDERTAKER (Address) 19. Or This day, and an and provided importance were as follows: 19. UNDERTAKER (Address) 19. Or This day, and an and provided importance were as follows: 19. Or This day, and an and provided importance were as follows: 19. UNDERTAKER (Address) 19. Or This day, and an and provided importance were as follows: 19. Or This day, and an an and provided importance were as follows: 19. Or This decease of importance were as follows: 19. Or This day, and an and provided importance were as f		7.00
8. Trada, profassion, or particular kind of work doma, as SPINNER, SAWYER, BDOKKEPER, atc. 9. Influstry or business in which work was done, as SILK MILL, SAWYER, BDOKKEPER, atc. 10. Data deceased last worked at pent in this occupation (month and year) 12. BIRTHPLACE (city or town) (Stata or country) 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT Valuation 18. BURIAL, CREMATION, OR REMOVAL Place 19. Underson 19. Underson 19. What tast confirmed diagnosis? Specify city or town, country and State) Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 19. Underson 19. Underson 19. Underson 19. What cast continuity in any way related to occupation of deceased? 11. So, specify (Signed) 19. Underson 19. What cast 19. What cast 19. What cast continuity 19. Where did injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 19. Underson 19. Underson 19. Underson 19. Underson 19. Underson 19. What cast 19. What cast continuity in any way related to occupation of deceased? 19. Underson	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
Description	8 Trade profession or particular	Date of onset
Description	KIND OF WORK DONA, AS SPINNER, SAWYER, BDDKKEEPER, atc	Us about item
Description	9 Industry or business in which work was done, as SILK MILL.	Paiman Cause & Lastronge torities Coulser
Description	SAW MILL, BANK, etc.	
Dther Contributory Causes of importanca: 12. BIRTHPLACE (city or town)	- Shell III (III2	
13. NAME Unknown 14. BIRTHPLACE (city or town) 15. MAIDEN NAME (Stata or country) 15. MAIDEN NAME (Stata or country) 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER	/ D'-A 7/ 14	Dther Contributory Causes of importanca:
13. NAME (Interval 14. BIRTHPLACE (city or town)		
What tast confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME Celtur M. Shaffer 16. BIRTHPLACE (city or town). What Last Confirmed diagnosis? Date of injury. 17. INFDRMANT Welliam State 18. BURIAL, CREMATION, OR REMOVAL Place Wish State 19. UNDERTAKER (Address) 20. FILED Maffer 21. INFORMANT Was there an autopsy? What tast confirmed diagnosis? Was there an autopsy? 22. If death was due to external causas (VIOLENCE) fill in also the following: Accidant, suicide, or homicide? Date of injury. Where did injury occur? (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury Nature of Injury 19. UNDERTAKER (Address) 24. Was disaase or injury in any way related to occupation of deceased? If so, specify (Signed) Place 9 Magnet Corrected N.D. Registrar. (Address)		
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20. FILED Angle 19, 1926 My list, Borline (Signed) Pluces of Mylon Coroner N.D. Registrar. (Address) Mylon ton my		
Registrar. (Address) Mank ton mo	(numeros) as truly steel ma	00,000000000000000000000000000000000000

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Example I	11	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
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Other contributory causes of importance:		Other contributory causes of importance:	
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V. S. No. 1

ż

S	TATE OF	MAR	YLAND-	CERTIFICATE OF DEATH 8	102
1. PLACE OF DEAT	ГН			55)	
County	Baltimor	28		Registration Dist. No.	<i>C</i>
Village or CityOm	ings Mil	118		No. St., death occurred in a hospital or institution, give its NAME instead of street and n	Ward
Length of residence in cit	y or town where dee	th occurred		death occurred the hospital of institution, give its NAMPLE instead of street and it	
2. FULL NAME	Georgia	D. She	rwood		
(a) Residence: No				St., Ward. If nonresident give city or town and it	State
PERSONAL AN	D STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Married.				21. DATE OF DEATH Aug. 27 (Day)	, 193 <u>(</u> (Yeer)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Watson E. Sherwood				22. I HEREBY CERTIFY. That I attended of Aug. 27.	
6. DATE OF BIRTH (month, day, end year) March 15.1880			880	I last sew harmelive on August 27, 19.36	; death is said
7. AGE Years 56	Months	0ays	If LESS than 1 dey,hrs.	to have occurred on the date steted ebove, et. 11.10 Ps.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or pe	7 I	12	ormin.	were as follows:	Date of onset
kind of work dond, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL,				Carenoma of Sungs	Jun 123
10. Date deceased last worked at this occupetion (month and yeer)					
12. BIRTHPLACE (city or town) (State or country)	Balt	imore,	Md.	Other Contributory Causes of Importance: Caressours of Breaks Reft.	
	nder Y.	Dolfie	14	+ doosul.	
14. BIRTHPLACE (city or to	wn)Balt	imore		Neme of operation Brauat Remarkal Date of for What test confirmed diagnosis? Tray the Westhere an air	
出 15. MAIDEN NAME E	mma C.Kr	-3-241		23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or to (State or country)	un)	imore,	Md.	Accident, suicide, or homicide?Date of injury Where did Injury occur?	, 19
	St. Pau	Sher 1 St.	wood	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ČE.
18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Oate Aug. 29, 19, 36				Manner of injury	
			1-1		22-
19. UNOERTAKED LEVEL (Address) 8	05 N.Cal	vert S	t.	24. Wes diseese or injury in any way releted to occupation of deceased?	
20. FILEO. 8/28/36. 1	9. 3. 8	riel	we	(Signed) transle M: Oyders	M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address) 2701 M. Calvest St.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonilis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		,	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8103
1. PLACE OF DEATH	- B 3L
County Baltimore	Registration Dist. No.
Village or City Bear Creek Sparsons Pt	Q & No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmoss_ds.
2. FULL NAME weef Belle Smith	If U. S. Veteran, specify WAR
(a) Residence: No. / 6 / / 6 / Glassian (Uspai place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Aug 241
5a. Il married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of (or) WIFE of	22. I HEREBY CER ^L TIFY, That I ettended deceased from
0 1 0 2 10 2 /	, 19, to, 19,
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months Days II LESS than	I last saw h; deeth is said to have occurred on the dete stated ebove, etm.
July 226 10 1 1 dayhrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
(B. Tride, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc.	Of that was not serveled . Couls R
9. Industry or business in which work was done, as SILK MILL.	Din bathprogra A C)
SAW MILL, BANK, etc 10. Date deceesed lest worked et this occupetion (month and year) spent in this occupation occupation.	Willenlas Healt
D. 01=	Other Contributory Canses of Importence:
12. BIRTHPLACE (city or town) (Stete or country)	Child wondered sway from group of bothers,
13. NAME John Smith	- Stepping unto a table eight feet deed body recovered a
14. BIRTHPLACE (city or town) Bults	Neme of operation. Date of Date of
14. BIRTHPLACE (city or town) Butto (State or country)	What test confirmed diagnosis? Union Bothy. Wes there an autopsy? Me
15. MAIDEN NAME Verginia Bennett	23. Il death was due to external causes (VIOLENCE) filt in also the following:
15. MAIDEN NAME Vergue Bennett 16. BIRTHPLACE (city or town) - C. Balto	Accident, suicide, or homicide? Oliveles Dete of injury 19
(State or country)	Where did injury occur? Bew Creek Sparrows RSmel
17, INFORMANT Henry aid Society	(Specify city or town/county and State) Specify whether injury occurred in INDUSTRY, in HOME or in PUBLIC PLACE.
(Address) 212 CalodADA Baltame	Private Short; at De Boy are, Rear Cook, mo
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Drowned sacedental.
Plece Salva . Dete Unic. 36 , 19 36	Nature of injury
19. UNDERTAKER (Address) /2/7 Sf Jauly Sf Balls mel	24. Wes disease or injury in eny way releted to occupation of deceased?
20. FILEDRY 2 Htt, 1936 4 Mily Jernoies h	(Signed) Govern Cantonicke Coroners
If more blanks are needed, address State Registrar.	2411 N. Charles Street. Baltimory Requesting V. S. No. 7.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 2 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS—should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on had of cartificate D. Every item of infor-ONFADING INK—THIS IS A PERMANENT REC RGIN RESERVED FOR BINDING Y, WITH N. B.-WRITE PLAN

V. S. No. 1

Length of rasidence in city or Jown where death occurred \$\frac{1}{2}\$ yrs\$ mos 2. FULL NAME (a) Residence: No. 3 \$\frac{7}{2}\$ \$\frac{1}{2}\$ \$\text{Lour PARTICULARS}\$ 3. SEX 4. COLOR OR RACE OR DIVORCED (*write tha word) 5a. If married, widowad, or dispreed HUSBAND of (or) WIFE of	Registration Dist. No
Village or City Length of rasidence in city or fown where death occurred #C.yrs	curred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
Length of rasidence in city or town where death occurred 46 yrs	ward. Ward. Ward. We be placed to the state of the sta
Length of rasidence in city or town where death occurred 4 2 yrs. — mos. 2. FULL NAME (a) Residence: No. 3 5 7	ds. How long in U.S. if of foreign birth? yrs. mos. Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
(a) Residence: No. 357 (Usuai place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) 5a. if married, widowad, or divorced HUSBAND of (or) WIFE of Color of the State of Color of WIFE of WIF	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word) 5a. If married, widowad, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Irade, profession, or particular kind of work done, as SPINNER, Or min. 8. Irade, profession, or particular kind of work done, as SPINNER, Or min. 9. Iquistry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last workad at this occupation (month and yaar) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) What 15. MAIDEN NAME 23. If d Accident Acc	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wirtie tha word) 5a. If married, widowad, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hirs. or min. 8. Ifade, profession, or particular kind of work done, as SPINNER, Or min. 8. AWYER, BOOKKEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Plata deceased last workad at this occupation (month and yaar) (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) What 15. MAIDEN NAME 23. If d Accide Where	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word) 5a. If married, widowad, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or mln. 8. Irade, profession, or particular kind of work done, as SPINNER, Or mln. 8. AWYER, BOOKKEPPER, etc. 9. Hadustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last workad at this occupation (month and yaar) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) What 16. BIRTHPLACE (city or town) (State or country) What 17. MAIDEN NAME 18. SINGLE, MARRIED, WHOWED, OR DIVORCED (write tha word) 19. Less than word 10. Days 11. Total time (years) spent in this occupation Other Name 14. BIRTHPLACE (city or town) (State or country) What 15. MAIDEN NAME 23. If d Accide Where	
OR DIVORCED (write tha word) 5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Communication of (or) WIFE	ATE OF DEATH
HUSBAND of (or) WIFE of Country) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin. 8. Irade, profession, or particular kind of work done, as SPINNER, Ormin. 8. Irade, profession, or particular kind of work done, as SPINNER, Ormin. 8. Irade, profession, or particular kind of work done, as SPINNER, Ormin. 9. Iadustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last workad at this occupation (month and yaar) 12. BIRTHPLACE (city or town) (Stata or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) What 15. MAIDEN NAME 23. If d Accide (State or country) Where	(Month) (Day) (Year)
5. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin. 8. Irade, profession, or particular kind of work done, as SPINNER, Augustian SAWYER, BOOKKEPER, etc. 9. Iadustry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last workad at this occupation (month and yaar) 12. BIRTHPLACE (city or town) (Stata or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) What 15. MAIDEN NAME 23. If d Accide Where	1 HEREBY CERTIFY That I attended dagaased fr
7. AGE Years Months Days If LESS than 1 day,hrs. ormin. 8. Frade, profession, or particular kind of work done, as SPINNER, Ormin. 8. Frade, profession, or particular kind of work done, as SPINNER, Ormin. 8. Frade, profession, or particular were 8. Frade, profession, or particular wind of work done, as SPINNER, Or	keep /9, 1936, to Clay 23, 1931.
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8. Frade, profession, or particular kind of work done, as SPINNER, Decide SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWK, etc. 10. Data deceased last worked at this occupation (month and yaar) 12. BIRTHPLACE (city or town) (Stata or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) What 16. BIRTHPLACE (city or town) (State or country) What 17. MAIDEN NAME 23. If d Accide (State or country) Accide (State or country) Where	RINCIPAL CAUSE OF DEATH and related causes of importance as follows:
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13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) Mary Care (State or country) Mercel Where	Contributory Causes of importance:
What 15. MAIDEN NAME 23. If d Accide (State or country) What 24. If d Accide Where	
What 15. MAIDEN NAME 23. If d Accide (State or country) What 24. If d Accide Where	
15. MAIDEN NAME 23. If d 16. BIRTHPLACE (city or town) (State or country) What 23. If d Accide Where	of operation Date of
Where	test confirmed diagnosis? Was there an autopsy?
Where	eath was due to external causes (VIOLENCE) fill in also tha following:
Where	ent, suicide, or homicida?, 19, Date of injury, 19
Consider the contract of the c	did injury occur?
(Addrass) 59 Heller C	(Specify city or town, county and State) y whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
R RIIDIAI CREMATION OF PEMOVAL	er of injury
Place I for any at West to Strain 1 de 9 Del 1071	e of injury
19. UNDERTAKER Cechifold of Dadolio A. Wa.	s diseasa or Injury in any way related to occupation of deceased?
(Address) 2007 9118 Particularly If so,	specify — — — — — — — — — — — — — — — — — — —
20. FINEBULG 24, 176 SUSTINION (Registrar.	

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Chronic interstitial nephritis BUREAU V. S1921 Run over by street car 1	
Chronic interstitial nephritis BUREAU V. S1921 Run over by street car 1	
	1 week ago
Cerebral hemorrhage July5,1927 Peritonitis 3	1 week ago
	3 days ago
Other contributory causes of importance: Other contributory causes of importance;	
Other contributory causes of importance.	
Gallstones May 1,1923 Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

RESERVED

RGIN

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	Example I	1	Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1916	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepl	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	SUPERII V. S.	July 5, 1927	Peritonitis	3 days ago
	- The state of the			
Other contributory ca	nuses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI.	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MADVI AND-CEPTIFICATE OF DEATH

PHYSICIANS should state 5. Every item of infor-

Exact statement of OCCUPAstated EXACTLY. properly classified. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. TION is very important.

NFADING INK-THIS IS A PERMANENT REC

AGIN RESERVED FOR BINDING

1. PLACE OF DEATH		97	
County Dalle	more	Registration Dist. No. 32)
Village or City_ Catenary		No June Hoppital St., death occurred in a hospital or institution, give its NAME instead of street and	Ward number)
Length of residence in city or town where	e death occurredyrsmos	ds. How long In U.S. if of foreign birth?r	nosds
2. FULL NAME Walled	m Wilson Slow	Cham_ If U. S. Veteran, specify WAR	
(a) Residence: No/5_2/	(Usual place of abode)	Z St., Ward. If nonresident give city or town an	d State
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Male Whate 5a. If married, widowed, or divorced	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 5 (Yeer)
HUSBAND of Mennie a	Bell Stockham	1 HEREBY CERTIFY, That I attended	d deceased from
6. DATE OF BIRTH (month, day, end year)	uguat 15-1874	I last saw h alive on August 3 , 1926	; death is sai
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
61 11	20 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:	Dats of onse
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	Salesman	Generalized Fitenosclerous	1932
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	•••••		
10. Date deceased last worked et this occupation (month and year)	11. Total time (years) spent in this occupation	Dther Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) / / 274. (State or country)	land	Decupation Micera	1936
13. NAME Clokn	8 Toch ham	promise and the second	
14. BIRTHPLACE (city or town)(State or country)	Horgland	Name of operation None Date of	- 1/
	in Baller	What test confirmed diagnosis?	
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Vigland	23. If death was due to external causes (VIOL ENCE) fill in also the following Accident, suicide, or homicide? Date of injury	
17. INFORMANT Spring Chave,	Sorp Records	Where did injury occur? (Specify city or town, county and St Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC P	ate) 'LACE,
18. BURIAL, CREMATION, OR REMOVAL	ke parting 7 ,1936	Manner of injury	
19. UNDERTAKER John Duck	Ener & Soms	24. Was disease or injury in any way related to occupation of deceased?	, /
20. FILED 19	Landina	(Signed) Chase Schuld	M.
1739	Registrar.	(Address) Cavoronillo,	ice.
If mo	re Marke ale needed, adde State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1/ J.	Noap.

N. B.-WRITE PLAINEY

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

Registrar.

(Address)

The Contract Indiana Sogne Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Date of onset

20. FILED

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		*	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	· · · · · · · · · · · · · · · · · · ·		^

BINDING

RESERVED

RGIN

TATE OF MARYLAND—CERTIFICATE OF DEATH

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Gallstones	May 1,1923	Gastroenteritis	1 year

	Exact	PLACE OF DEATH County Bulling	STATE OF MARYLAND CERTIFICATE OF DEATH
RECORD	ed EXACTLY, periy classified.	Village or City Relay (No	Registration Dist. No. Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERMA	should be start It may be prosented as on back of ce	PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, WIDOWED WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from August 27, 1923
Z	supplied AC n terms so the See instruction	7 AGE (Month) (Day) (Year) 7 AGE If LESS than I dayhrs. 8 OCCUPATION (a) Trade, profession or particular kind of work.	and that death occurred on the date stated above, at
IN RESERVING	ould be carefully F DEATH in plai very important.	(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER	Contributory Secondary (Durstion) (Durstion) (Signed) (Signed) (Durstion) (Durstion) (Signed) (M. D
NLY, W	State OAUSE OF	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE 14 BIRTHPLACE 15 BIRTHPLACE	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents)
WRITE P	s should ment of 0	OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant) Alan Allemant	At place of deathyrs. mos / da. State, / yrs. mos da. Where was disease contracted, / fine at place of death? Former or usual residence 309 / ATTE OF BURIAL
o	A state	is Singly 1923 Helluferfield of more blanks are needed, address State Registrar.	hawark, h. dug 21, 1936 20 ENDERTAKER ADDRESS Marie Lang 21, 1936 16 W Seratoga St., Balto. Requesting V 8 No 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmin (restate occupation at beginning of illness. If retiral from or given up on account of the DISEASE CAUSING DEATH, gaged in Comestic service for wages, as Servant, Cook ployed, as At school or At home. Care should be taken definite salary), may be entered a Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine. etc. Womer," etc., Never return "Labo"er," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner. (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in inclustrial employments, it is neces-Civil engineer. Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various parsaits can be known. cupation is very important, so that the relative healthwhatever, write None. tired 6 yrs.). For persons who have no occupation Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-(a) Foreman, (b) Automobile factory. The material Statement of Occupation - Precise statement of oe For many occupations a single word or term on 01. At Home, and children, not gainfully emwithout more precise specification as Day The ques-

EASE CAUSING DEATH (the primary affection with rest spinal meningitis"); Diphtheria (avoid use of "Croup" ed term for the same disease. Examples: Cerebrosph Lobar pneumonia, Bronchopneumonia ("Pneumonia Typhoid fever (never report "Typhoid pneumenia") fever (the only definite synonym is "Tpidemic cereb" to time and causation), using always the same acce Statement of Cause of Death-Name, first, the pis-

> unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc., Cureinoma, Sarcoma, etc., of quences (e. g., sepsis, tetannis) may be stated under the symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal stated unless important. . Example: Meastes use of "Tumor" for malignant neoplasms); train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or taken. For VIOLENT DEATHS STATE MEANS OF INJURY "Puerperal sepiteaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. rhage," "Inaultion." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," causing (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. Whooping cough; 'Chronic vulvular heart disease; Poisoned by carbolic acid-probably suicide. The na-State eause "Uracmia," "Weakness." etc., when a definite discase vulsions," (name origin; "Cancer" is less definite; avoid ture of the injury, as fracture of skull, and consecad of "contributory." ent of cause of death approved by Committee on menelature of the American Medical Association.) death), 29 ds.; Bronchopneumonia "Debility" for which surgical operation was under-("Congenital," ~ "Scnile," etc.), (Recommendations on state-Always qualify all The contributory "Соша," "Haemor Mousles; (merely (disease (second-

this certificate is looked over thoroughly and all quesanswered in detail, it will prevent further correspondtil the data is essential and must be obtained before

rtificate is permanently filed.

PLACE OF DEATH STATE OF MARY RTIFICATE OF DEATH Registration Dist. No. classifie (If death occurred in a hospital or institu-tion, give its NAME is properly classof certificate. stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 3 SEX MARRIED. pe eq nay be n back WIDOWED. OR DIVORCED pino (Write the word) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH = 0 . to that nstruction (Day) (Year) IIf LESS than 7 AGE and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: rms suppii 8 OCCUPATION te 00 ERV (a) Trade, profession or E 0 particular kind of work plai (b) General nature of industry business, or establishment in be carefu EATH in I (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) DW OD 10 NAME OF CF FATHER m .e (Address) 11 BIRTHPLACE S OF FATHER CAUSE CAUSE State the Pisease Causing Death, or, in deaths from Z (State or country) Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 0: 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transinforma state occupa 4 4 OF MOTHER 0 ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of deathyrs.......mos.......ds. State......vrs.....mos... (State or Country) should ent of Oc Where was disease contracted, it not at place of dea.h?..... very item Former or usual res.dence St C Filed M If more banks are needed, addre. s Ltate Negistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material Inystean, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to e.ch and every person, irrespective cf Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealreport specifically the occupations of persons en For many occupations a single word or term on yrs). For persons who have no occupation not gainfully em

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal maningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

on dr as probably such, if impossible to determine definitely. > actident; Revolver wound of head-homicide; Poisoned by (Hecommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainapproved by Committee on Nomenclature idunus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be st.ted unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, "Puerperal seplicaemia," "Puerperal perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," E:haustion," "Heart failure," "Ilaemorrhage," "Shock," "Shock," American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, su.h as "Asthenia," "Anaemia" (mere'y symptomatic), "Atrophy." "Collapse," "Com2," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentaken. Whooping cough; Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJU. Chronic valvular heart disease; nephrilis, etc. The contributory

this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ż

STATE O	F MARYLAND-	CERTIFICATE OF DEATH 8111
1. PLACE OF DEATH		
County Gallinge		Registration Dist. No. 4
Village or City Arbutus		No. St., Ward
Length of residence in city or town where d		f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsds
2. FULL NAME George 0.	The state of the s	
(a) Residence: No. 4505 Lee		A. W. J.
(a) Residence: No. 1000 200	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Late Clara M.	.Coss Truxal	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) NO	7. 20.1846	I last saw h _ Ma_ slive on F/15 1936 ; death is said
7. AGE Years Months 8	Oays If LESS than I day,hrs.	to heve occurred on the date stated above, et. 11 q m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular		arterwselevotes candia
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Totel time (years) spent in this	varrules direcce
12. BIRTIIPLACE (city or town) (State or country)	occupation	Other Contributory Causes of Importence:
13. NAME Wm. Truxal		
13. NAME VM • Truxal 14. BIRTHPLACE (city or town) Pa •		Name of operation
15. MAIDEN NAME Unknown		23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME UNKNOWN 16. BIRTHPLACE (city or town) Pa (State or country)		Accident, suicide, or homicide? Dete of Injury, 19
17. INFORMANI MISS Elizabeth (Addres 4505 Leeds Ave	n M. Truxal	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Melvale Cmty.		Manner of Injury
19. UNDERTAKER (Address) 4101 Edmonds	on tve	24. Was disease or injury in any way related to escupation of deceased? My
20. FILEO (Mg / 5 , 136 / 2	Registrar.	(Signed) 1 live a laward M. D. M. D. (Address) 3332 Elmandran and
15	Hanks are needed address State Period	

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Example(I)	DII	Example II	
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Chronic interstitial nephritis BIJEAU V. S	. 1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

***	state UPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
M)		1. PLACE OF DEATH	112
transfer .	should f OCC	Village or City Rockland	Registration Dist, No.
	.= 9		f death occurred in a hospital or institution, give its NAME instead of street and number)
1	Every SIANS ement	Length of residence In city or town where death occurredyrsmos	
(3)	ND. Ever	2. FULL NAME Unknown M	ale Child
-		(a) Residence: No. Not Rue (Usual place of abode)	St., Ward. If nonresident give city or town and State
•	RECO. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	LY.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH GUA 193
BINDING	MANEI A C T assified	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased from
Z	RM X Z	0	, 19, to, 19, to, 19
	PE E	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If IESS than	l last saw h; death is sald
OR	IS A PE stated E properly certificate	1 day,hrs.	to have occurred on the date stated above, atm. Tha PRINCIPAL CAUSE OF DEATH and related causes of importance
E		8. Trada, profession, or particular kind of work done, as SPINNER,	ware as follows:
日日	HIS be be of	SAWYER, BOOKKEEPER, etc.	in a new staker 100
RV	ould may back	9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	feet off Falls Road of
RESERVED	Sh sh	10. Date deceased last worked at this occupation (month and spent in this	near Bockland 019
RE		year) spent in this occupation	1 value 02 0, mg 193
GIN	DIN R. So uction	12. BIRTHPLACE (city or town) CState or country)	Other Contributory Causes of Importance:
RC	UNFA upplied terms,	13. NAME not known	John of the first
1	5 4 2 "	14. BIRTHPLACE (city or town)	Name of operation.
	F 5.5	(State or country)	What test confirmed diagnosis?
	W efu	15. MAIDEN NAME LENOUS	23. If death was due to external causes (VIOLENCE) fill in also the following:
	be car EATH imports	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
	be EA7		Whera did injury occur? (Specify city or town, county and State)
[}	E PLA should OF D	17. INFORMANT(Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
-	[+]	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
		Date Date 192	Nature of injury
No. 1	1 505	19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
V. S. 1	z U	20. FILEOUS 11 36 ON Mully Jan Registrar.	(Signed) (Command Company) (Address) (Address) (Address)
		If where blanks we needed allow S. D.	

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example +	1 /3 #	Example II	1
The principal cause of dof importance were as fo	eath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	SEP 5 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephriti	8 56	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MINEAU V.	Inta , 1927	Peritonitis	3 days ago
Other contributory caus	es of importance:		Other contributory causes of importance:	- 8
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
alter mening body surright albo & decided	1
The second of th	
Therese my many many	
been left probably one day liftore by parent.	0
was wrapped in a newspaper. Chief was ful	Ky
deviloped the angle Coron	0 >>
Burial by Baltimore Co of the alms House Cemetery	

V. S. No. 1

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state

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 8113
1. PLACE OF DEATH	(46-B)
County Sallwork	Registration Dist. No. 30
Village or City Delousulls	No. 44 Bloomstury Clos St., Ward
19	If death occurred in a hospital or institution, give its NAME instead of street and number) sds, How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Cleyateth Wags	ull
(a) Residence: No. 44/Bloomestry fle	St., Ward.
(Usual place of abode)	If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED with the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	
(OF) WIFE OF JENNE- I. Wagnes	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year Au 23/1863	Wast saw h ev alive on Quy 7 19 3 4 deeth is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at J. 4.17-m.
7 6 / 6 / 1 dey,hrs.	THE PRINCIPAL CAUSE OF BEATH CHU TETATE CAUSES OF IMPORTANCE
8 Trade profession or particular	Date of onese
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Carleona Stomach & Sal Badder 3,
9. Industry or business in which work west done, es SILK MILL, SAW MILL, BANK, etc.	
0 10. Date deceased last worked at 11. Totel time (years)	arrhoses of sives of
this occupation (month and 435 spirit in this year)	
12. BIRTHPLACE (city or town) Stousulles	Other Contributory Causes of importance:
(State or country) Mary based.	- 61
13. NAME John J. Souder	Chronic Internal reparites 2 year
14. BIRTHPLASE (city) or town)	Name of operation Date of
(State of yountry)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDE DAMETICISA DISTURELLE	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
Constant of county)	Where did injury occur?(Specify city or town, county and State)
(Address) 4 + Bloom when the Outer	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place bully and Dete ally 1930	Nature of injury
19. UNDERTAKER & aston & ous	24. Was disease or injury in any way related to occupation of deceased?
(Address) & licat let	If so, specify
20. FILED Duy 8, 1934 marlale Blood	(Signed) A W Boscelle M.
Registrar.	(Address) H213 Trecleracy Hug

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Exampl	e I	1	Example II	
The principal cause of death and of importance were as follows:	d related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1045	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	B.V UA.B.	- South	Run over by street car	1 week ago
Cerebral hemorrhage		Julu5,1927	Peritonitis	3 days ago
- to	12 1830	DIV.		
Other contributory causes of im	ortange: A TT	Odi	Other contributory causes of importance:	
Gallstones	70.20	May 1,1923	Gastroenteritis	1 year
	•			

BINDING

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RESERV

MARGIN

(Approved by U. S. Census and American Public Health Association.)

Never return "Laborer," "Foreman," "Manager," "Deal additional line is provided for the latter statement; it whatever; write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary). may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Furm laborer, Laborer-Coul mine, etc. Wom. er," etc., without more precise specification as Day worked on may form part of the second statement (a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, specially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oc For many occupations a single word or term on The material cm-

Statement of Cause of Death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid pneumonia").

Trune of the injury, as fracture of skull, and consequences (c. g., sepsis, tetanus) may be stated under the Poisoned by curbolic acid-probably suicide. The nament of cause of death approved by Committee on head of "contributory." as probably such, if impossible to determine definitely rhage." "Inanition." "Marasmus," "Old Age," "Shock," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia inyes, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) trum-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway and qualify as accidental, suicidal, or homicidal, or taken. For violent deaths state mians of injury State cause for which surgical operation was under-"PUERPERAL scplicuemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," symptomatic), "Atrophy," "Collapse," "Coma," stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measics; (secondary or intercurrent) affection need not be Whooping cough; Chronie valvular heart disease; (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Meastes (disease (mercly

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1936

(Year)

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Example I	1	Example II	
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Arteriosclerosis 1 050 9 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
2 1906	1,		
Other contributory causes of importance:		Other contributory causes of importance:	
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Ex	cample I		Example II	34
The principal cause of dea of importance were as follows:	th and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	2001 0 200	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	SEL	1921	Run over by street car	1 week ago
Cerebral hemorrhage	ALIEUNIE VE	July 5,1927	Peritonitis	3 days ago
	·			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH ,	46-8
County Baltimore,	Registration Dist. No.
Village or City Doundalle	NoSt., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Filliam James ffil	Uaw Veteran epecify WAR
(a) Residence: No. 13 Zuly asteway (Youal place of abode)	Z St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
M. OR DIVORCED (write the word)	Cing 24., 1936
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBANO of Such (Davis)	22. HEREBY CERTIFY, That I ettended decessed from
S DATE OF DIDTH (month day and wash The 5 - 1865	1936, to May 24, 1936
B. DATE OF BIRTH (Month, day, end year)	I last sew h. Jag. elive on
7. AGE Years Months Days if LESS than 1 day,hrs.	to have occurred on the date steted above, allm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were 85 follows: Data of onset
Tade, profession, or perticular kind of work done, as SPINNER, Line Worker SAWYER, BOOKKEPER, etc	1 to a law of the man
F	second of une tilia 1924
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Dete deceased last worked et this occupation (month and this occupation (month and second last worked).	1790
0 10. Dete deceased last worked et this occupetion (month end spant in this	
year) occupetion	Other Contributory Canses of importance
12. BIRTHPLACE (city or town)	/ Voru
(State or country)	
H 13. NAME UNCOM	
14. BIRTHPLACE (city or town)	Name of operation Date of Date of
(State of country)	What test confirmed diagnosis Nay 9 Thing Membrahere en europsy? MO
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOLENOE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
7	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MASSICE CENTERS (Address) /3 Librilly Jacobse	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAN CREMATION OR REMOVAL	Menner of Injury
Place sorelands hiery Dete 8/26, 1936	Nature of injury.
John & formalle	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address) (Address)	If so, specify
alebi Manhoran	(Signed) Dawam La Prartie M.D.
20. FILED COLLEGE Registrar.	(Address) Affarmer Point med
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

of OCCUPA.

1	S'	TATE OF	MARY	LAND-	CERTIFICATE OF DEATH	8119
	1. PLACE OF DEAT	гн			BC	
	County Balt	imore			Registration Dist. No.	2
	Village or City Mt			///	No. Tuberculosis Senatoriumst	Ward
	Length of residence in cit	ty or town where deat	h occurred		death occurred in a hospital or institution, give its NAME instead of street1.8 ds. How long in U.S. if of foreign birth?yrs	
	2. FULL NAME	John W			If U. S. Veteran, specify WAR	
	(a) Residence: No	712 W.	Cross (Usual place of	Street (abode)	St., Ward. Baltimore, Md. If nonresident give city or town	a and State
	PERSONAL AN	D STATISTIC	AL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEAT	Н
3.		n or RACE 5.		(write tha word)	21. DATE OF DEATH August 6th, (Month) (Day)	, 193_6(Year)
5a	. If married, widowed, or divo					(i i i i i i i i i i i i i i i i i i i
	(or) WIFE of	Sin	gle		22. I HEREBY CERTIFY, That I atte	
	DATE OF BIRTH (month, day	Mon	ah Oth	. 1881	I last saw him alive on August 6th, 19	
	AGE Yaars	Months	Days	If LESS than	to have occurred on the date stated above, at 2.20 P.m.	ez sz., dantii is said
1	55	4	28	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance	
_	8. Trada, profession, or pa	rticular		ormin.	ware as follows:	Date of onset
0	Mind of work done, SAWYER, BOOKKEE	as SPINNER. T	aborer		Pulmonary Tuberculosis	May
OCCUPATION	8. Trade, profassion, or particular Med of work done, as SPINNER, SAWYER, BOOKKEPPER, atc 9. Industry or business in which work was done, as SILK MilLL, SAW MILL, BANK, etc		1936			
220	10. Date deceesed last wor this occupation (moy year)		11, Total tir spen occu	ne (years) Un- t in this known		
12	2. BIRTHPLACE (city or town).	Baltimo	re		Other Coatributory Causes of importance:	
	(Stata or country)	Marylan			Carcimoma of the lips.	July
ER.	13. NAME John	Wise				1935
FATHER	14. BIRTHPLACE (city or to (State or country)	wn) Balti Maryl	more		Nama of operation No operation Date	of
2		illian C			What test confirmed diagnosis? X-ray, and was there to be a confirmed diagnosis? X-ray, and was there to be a confirmed diagnosis? X-ray, and was the confirmed diagnosis? X-ray, and x-ray,	in sputum
MOTHER	15. MAIDEN NAME	Relti				
NO W	16. BIRTHPLACE (city or to (Stata or country)	wn) Maryh			Accident, suicide, or homicide? Data of injury	, 19
	4.	N	11	0	Where did injury occur?(Specify city or town, county an	d State)
17	7. INFORMANT Our	Mt. Wils	on. Md	Thy	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLI	C PLACE.
18	B. BURIAL, CREMATION, OR R		011, 114	• 0	Manner of injury	
	Placa Woodlaw	m Gemetery	Data Augu	st 8 , 19 3 6	Nature of Injury	
19	9. UNDERTAKER DENT	logat	895	- p - 1 - f	22 was disease or mining in any way related to occupation of deceased	No.
-	N W	3/2	8 W	in lail a	(Signed) To hy () with	4 M.D.
20	o. FILED Thug	900	101	Registrar.	(Address Mt. Wilson, Md.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
50, 4,	18		
THOA!	فاست		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			2009900

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of imperance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLAI

of infor-

1. PLACE OF DEATH	(III)
County Balto.	Registration Dist. No.
Village or City Esset	NoSt.,Ward
Length of residence in city or town where death occurredyrs/	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. If of foreign birth?yrsmos,ds,
2. FULL NAME Hilliam A. Hoo	If U.S. Veteran specify WAR.
10.10.1.	
(a) Residence: No. New West (UsusIplace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OPODIVORCED (with the word	
MALE WHITE Jungle	(Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	
6. DATE OF BIRTH (month, day, end year) Cupr. 16-1874	I lest saw h alive on 19 ; death is said
7. AGE Years Months Days If LESS tha	
62 4 10 1 day,	THE I KINCH ALL CAUGE OF DEATH and related courses of importance
9 Trade - Infereion or portinular	Wera as rollows: Date of onset
kind of work dona, as SPINNER, Jaumer SAWYER, BOOKKEEPER, etc.	Jeactured skull:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at this occupation (month and	Automobile accident - struck in soutoman
SAW MILL, BANK, etc.	false custo
	Duration: instantly Relled.
year) occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) 3 all 5 -	
(State or country)	
14. BIRTHPLACE (city or town) Balto Co.	
14. BIRTHPLACE (city or town) & alto Co.	Name of operation Data of
(State of country)	What test confirmed diagnosis? Was there an autopsy? 40
15. MAIDEN NAME Cester Ready	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME (ester Lleady 16. BIRTHPLACE (city or town) Balts Cof (State or country)	Accident, sulcide, or homicide? . Ossident Date of Injury
E (State or country) md.	Where did injury occur? Deep Ocean Overue, Baltimers Or, mide. (Specify city or town, county and State)
17. INFORMANT Howard Hood (Address) 400 Hood Caron Rd.	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Struck for automobile.
Place Scelto. Com. Date 8/28 19	Nature of injury
John & Bonsolles	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address) (Address)	If so, specify
SIM OF GROWN	(Signed) Asseller F. Domestin M.D.
20. FILED 77 , 1936 FIND J. COMMU	1 B

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Cerebral hemorrhage	July 5,1927	Peritonitis AUG 31 1886	3 days ago
		DIREAU V.S.	
Other contributory causes of importance:		Other contributory causes of importance:	1744
Gallstones	May 1,1923	Gastroenteritis	1 year

	A	DDITIO	NAL	SPACE	FOR F	URTH	ER S	TATEM	IENTS BY	PHYSI	CIAN		
ADDITION	OF	COLOR	AND	SEX:	Stat	ement	of	Mrs.	Howard	Wood,	wife	of	informant,
		Sent.			7-2-2						70.71		

should state item of infor-

Every

of occupa.

Exact statement

properly classified.

be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

-WRITE PLAINLY,

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		(83)			
County . Baltimore		Registration Dist. No. 30			
Village or City Catons ville, Md.,		No. Spring Grove State Hospital Ward			
7		death occurred in a hospital or institution, give its NAME instead of street and number)			
Length of residence in city or town where deeth occurred	yrsOmos	ds. How long In U.S. if of foreign birth?yrsmosds			
2. FULL NAME Margaret Yeatman		If U. S. Veteran, specify WAR			
(a) Residence: No. 117 W 24th St. Ba:		St., Ward.			
(Usual place of		If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTIC		MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH			
3. SEX 4. COLOR OR RACE S. SINGLE, MARRI OR DIVORCED OR DIVORCED MAT	(write the word)	August 22nd 1936 (Month) (Day) (Yeer)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jackson Yeatman		22. I HEREBY CERTIFY, That I attended deceesed from Dec. 23rd 1935 to Aug 22nd 30			
	1000				
6. DATE OF BIRTH (month, dey, end yeer) July 14th,	If LESS than	I last saw h or alive on Aug 22nd , 19 36; death is sai to have occurred on the date stated above, at 9:55 Pm.			
7. AGE Years Months Days	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance			
	ormin.	were as follows:			
8. Trade, profession, or particular kind of work done, es SPINNER, Housewife		General paralysis of insane Pr			
9 Industry or business in which					
work wes done, es SILK MILL, SAW MILL, BANK, etc.					
10. Oate deceased last worked et 11. Total time this occupation (month end spent	in this				
this occupetion (month end spent year) DK+ occup	ation Unk.	Other Contributory Causes of importance:			
12. BIRTHPLACE (city or town)					
13. NAME William Fox					
13. NAME William Fox 14. BIRTHPLACE (city or town)		Name of operation DONG Date of			
(State or country) Penna.		What test confirmed diagnosis? Physe and Lab was there an autopsy? XO.			
15. MAIOEN NAME Anna Wilson		23. If death was due to external causes (VIOL ENCE) fill in also the following:			
15. MAIOEN NAME Anna Wilson 16. BIRTHPLACE (city or town) (State or country) Panna		Accident, suicide, or homicide?NODate of Injury19			
(State or country) Penna.		Where did Injury occur?NQ			
17. INFORMANT Hospital records		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL Oreight Code.		Manner of injury			
Place Andrew Date Oute Oute	25,1938	- Nature of injury			
- Believed on Xile	you	24. Was disease or injury in eny way related to occupation of deceased?NO			
19 IINOFRTAKER (LIVOVA)					
19. UNOERTAKER CHILLY (Address) 440 E TOTAL CAN	1	If so, specify			
	J.	(Signed) COOK STATE ROSPITAL M. (Address) SPRING GROVE STATE ROSPITAL			

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BINEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied.

-WRITE PLAI

V. S. No. 1

	1. PLACE OF DEATH County Baltiniare Village or City Patonoville, Spring From	Registration Dist. No. St., Ward
	Langth of residence in city or town where death occurred 2 yrs ll mos. 2. FULL NAME Antan Zamaitiz	death occurred in a horpital or institution, give its NAME instead of street and number) 22 ds. How long in U.S. If of foreign birth?
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Vear)
5	a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That i attanded decaased from Sept. 6
- 1	5. DATE OF BIRTH (month, day, and year) 1906 Months? 1. AGE Years Months Days if LESS than 1 day,hrs. orhrs.	I last saw h
back of	9. Industry or business in which work was done, as SILK MILL, Dall Carlo	Pulmonery Tuberculous June 193
ructions	12. BIRTHPLACE (city or town) Linguista (State or country)	Other Contributory Causes of importance: Passisid Schigoghisenia 1933
See	14. BIRTHPLACE (city or town)	Name of operation Name Dete of Dete of What test confirmed diagnosis Principle Laboration Was there en autopsy? No.
y important.	16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Stagnital Records	23. if death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
IS.	(Address) 18. BURIAL, CREMATION, OR BEMONAL Place to applies Russed Crossocke	Manner of injury
TION	19. UNDERTAKER Jerry Jose Hospital (Address)	24. Was disease or injury in any way related to occupation of deceased? No If so, specify (Signed)
	20. FILED	(Addréss)

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